

INTAKE QUESTIONNAIRE

PRESENTING PROBLEM

GOAL

NAME

BIRTHDATE/AGE

ETHNICITY/RACE

GENDER/SEXUALITY

RELIGION

BIRTHPLACE

HOMETOWN

PARENTS

SIBLINGS

HIGH SCHOOL/GED

COLLEGE

GRADUATE SCHOOL

MILITARY

CERTIFICATION/LICENSE

CAREER/JOB

BANKRUPTCY

RELATIONSHIP

CHILDREN

SURGERY

MEDICATION

ALCOHOL

DRUGS

TOBACCO/CANNABIS

WEAPON

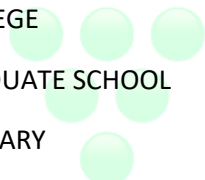
ARRESTS

HOBBY

NAME _____

INITIAL _____

DATE _____



Dig Down DeepTM