

**INTAKE QUESTIONNAIRE**

PRESENTING PROBLEM

GOAL

PRIOR TREATMENT/COUNSELING

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NAME

BIRTHDATE/AGE

RACE/ETHNICITY

GENDER/SEXUALITY

RELIGION/SPIRITUALITY

BIRTHPLACE/HOMETOWN

PARENTS/STEP-PARENTS

SIBLINGS/BIRTH ORDER

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HIGH SCHOOL/GED

COLLEGE/GRADUATE SCHOOL

MILITARY/FIRST RESPONDER/CAREGIVER

CERTIFICATION/LICENSE

CAREER/JOB

TERMINATIONS

BANKRUPTCY

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MARRIED/DIVORCED/SINGLE

CHILDREN/PETS

SURGERY/MEDICATION

ALCOHOL/DRUGS

TOBACCO/CANNABIS

WEAPON/ARRESTS/LEGAL

RECREATION/HOBBY

NAME \_\_\_\_\_

INITIAL \_\_\_\_\_

DATE \_\_\_\_\_



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