

INTAKE QUESTIONNAIRE

PRESENTING PROBLEM

GOAL

NAME

BIRTHDATE/AGE

RACE/ETHNICITY

GENDER/SEXUALITY

RELIGION/SPIRITUALITY

BIRTHPLACE/HOMETOWN

GRANDPARENTS/STEP-GRANDPARENTS

PARENTS/STEP-PARENTS

SIBLINGS/BIRTH ORDER

HIGH SCHOOL/GED

COLLEGE/GRADUATE SCHOOL

MILITARY/FIRST RESPONDER

CERTIFICATION/LICENSE

CAREER/JOB

TERMINATION/BANKRUPTCY

RETIREMENT/PENSION

MARRIED/DIVORCED/SINGLE

CHILDREN/PETS

SURGERY/MEDICATION

ALCOHOL/DRUGS

TOBACCO/CANNABIS

PORNOGRAPHY/WEAPON

ARREST/LEGAL

POWER OF ATTORNEY/HEALTHCARE DIRECTIVE/LIVING WILL & TRUST

PRIOR TREATMENT/THERAPY

RECREATION/HOBBY

NAME _____

INITIAL _____

DATE _____

