

**Client Questionnaire**

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**General**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Preferred number \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Referred by \_\_\_\_\_

Age \_\_\_\_\_ Marital status \_\_\_\_\_ Divorce(s) \_\_\_\_\_

Occupation \_\_\_\_\_

Gender and ages of children \_\_\_\_\_

Emergency contact information \_\_\_\_\_

Explanation of how client may be contacted by therapist \_\_\_\_\_

How did you find me? If online specify which website \_\_\_\_\_

Are you interested in being on an emailing list for my blogs or workshops in my practice? \_\_\_\_\_

**Financial Information**

Do you want to pay for treatment with cash, or check credit cards? \_\_\_\_\_

Do you want a super bill for you to submit to your insurance? \_\_\_\_\_

**Areas of Concern**

Reasons for seeking therapy \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific goals for therapy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Have you ever been diagnosed with a serious illness? \_\_\_\_\_

When was your last physical exam? \_\_\_\_\_

Please describe your overall health today \_\_\_\_\_

**Substance Use History**

Have you ever been in a 12-step program? Please describe \_\_\_\_\_

\_\_\_\_\_  
Do you smoke marijuana? \_\_\_\_\_ What age did you start? \_\_\_\_\_

How long have you used it? \_\_\_\_\_

Do you currently use illegal drugs? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How old were you when you had your first drink? \_\_\_\_\_

On average, how much alcohol do you consume in a week? \_\_\_\_\_

Have you ever had a DUI? \_\_\_\_\_

Have you ever blacked out when drinking? \_\_\_\_\_

Has anyone in your life ever expressed concern about your drinking? \_\_\_\_\_

Have you ever used illegal drugs? \_\_\_\_\_

Do you have any other addictions? \_\_\_\_\_

Do any members of your family (including extended family) have addictions? If so, what?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Family of Origin History***

Mother, age/deceased: \_\_\_\_\_ Describe your relationship: \_\_\_\_\_

Father, age/deceased: \_\_\_\_\_ Describe your relationship: \_\_\_\_\_

Siblings, age/deceased: \_\_\_\_\_ Describe your relationship: \_\_\_\_\_

***Other Information***

Please describe your interests/hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in therapy before? When and how long? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of treating therapist(s), telephone number(s) \_\_\_\_\_

Have you ever been hospitalized for mental or emotional problems? \_\_\_\_\_

When and for what reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription medications? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ When? \_\_\_\_\_

Describe the circumstances that led to that attempt. \_\_\_\_\_

\_\_\_\_\_

Are you currently having any suicidal thoughts? \_\_\_\_\_

Does anyone in your family have a history of suicide attempts? \_\_\_\_\_

\_\_\_\_\_

How would you describe your childhood? \_\_\_\_\_

\_\_\_\_\_

What was your most difficult moment in childhood? \_\_\_\_\_

\_\_\_\_\_

Did you ever experience, verbal, physical, emotional, sexual abuse? Please describe \_\_\_\_\_

\_\_\_\_\_

Have you ever been a victim of a violent crime? Please describe. \_\_\_\_\_

\_\_\_\_\_

### **Social Life**

Do you have close friendships with others? \_\_\_\_\_

Describe your social life. \_\_\_\_\_

\_\_\_\_\_

Is there any important information you think I should know about you? \_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to fill this out. Please bring this form along with the **Informed Consent as well as the name and number to whom the written report will be sent.**

Michelle Farris, LMFT  
6105 Snell Ave Suite 101  
San Jose CA 95123 (408) 800-5736