Client Intake Form

Name

Address

Age

**Telephones & Contact Information Is it ok to leave a message?**

Home Yes No

Mobile Yes No

Work Yes No

Email

Person to call in case of emergency

Name

 Tel.

**During our first session, you will be or were asked general questions about your health, occupation, relations, and the problem for which you are seeking help. The verbal interview is the key part of the screening procedure that I use to make sure that cognition-behaviour therapy can help you. The goal of this questionnaire is to go into more depth into your history and current situation. You may end up repeating some information that you mentioned in the verbal interview, but will be asked to give more detail. The better I, your therapist will know you, the better I will be able to help you. If however, for any reason, you do not feel comfortable answering a question, or a question does not apply to you, please feel free to leave it blank. Thank you for your collaboration!**

**There are seven sections to this questionnaire:**

1. Health
2. Family of origin
3. Occupation and education
4. Romantic relationships
5. Self perception
6. Current challenges
7. Therapy
8. **Health**

Date of birth

 (dd/mm/yyyy)

Place of birth

Do you consider yourself generally healthy?

When was your last medical check-up, and what were the results?

Health/illnesses during childhood/adolescence:

Have you has any surgeries or accidents?

Do you suffer from any chronic condition?

Please list any current health issues and the medication you are taking to treat them:

How is your sleep?

How is your appetite?

**Habits**

Do you smoke cigarettes? Yes No

If so, how many per day

Since when have you been smoking?

Do you drink alcohol? Yes No

If so, how much?

Does your spouse drink alcohol? Yes No

If so, how much?

Do you take drugs on a regular basis? Yes No

(recreational and/or over the counter products)

If so, how much?

1. **Family of Origin**

**Father**

Name

Age

Occupation

Health (if deceased: circumstances and how the loss affected you):

Describe your father’s personality and the nature of your relationship with him past and present:

**Mother**

Name

Age

Occupation

Health (if deceased: circumstances and how the loss affected you):

Describe your mother’s personality and the nature of your relationship with her past and present:

**Siblings**

Name

Age

Occupation

Name

Age

Occupation

Name

Age

Occupation

Name

Age

Occupation

Name

Age

Occupation

Name

Age

Occupation

Describe your relationship with your siblings (past and present):

Were there other adults involved in your upbringing? Yes No

How?

Describe the atmosphere in your childhood home:

Describe yourself as a child:

Did or does any member of your family suffer from alcoholism or drug abuse or some form of mental illness? Was or is any member of your family anxious or depressed?

Describe any fearful, distressing or traumatizing thoughts or experiences not already mentioned.

1. **Occupation & Education**

What is your education?

Did you like school as a child/teen?

Did you do well?

How well did you relate to other kids or teens?

Were you ever bullied or given nicknames?

What work do you presently do?

What do you enjoy about your work?

Is it stressful?

If so, what is stressful: work relationships or the work itself?

Do you tend to procrastinate?

1. **Romantic Relationships**

Are you currently in a relationship?

How long have you been with your partner?

Do you live with your partner?

Are you married?

What is your partner’s age?

His/her occupation?

Describe your partner’s personality:

In what areas is there compatibility?

In what areas is there incompatibility?

How many children do you have (please list)?

Do they live with you?

Describe the atmosphere in your home:

Give details on any previous marriages or long-term relationships:

1. **Self-Description**

How would you describe yourself?

What situations make you feel calm and relaxed?

How do you unwind?

What situations make you feel agitated, fearful, worried or panicky?

How do you cope?

What are you most pleased with about yourself?

What are you least pleased with about yourself?

Past and current interests, hobbies, activities, how is most of your free time spent?

Do you exercise?

Do you make friends easily?

Do you keep them?

1. **Current Problem(s)**

**This section may overlap with what you have already discussed in the verbal part of the assessment (if we have met for a first session), but please see it as an opportunity to reflect and add any info you may not have had the chance to share in the verbal interview (if we have met for a first session).**

State in your own words the nature of the problem for which you are seeking a therapist’s help.

Give a brief account of the history and the development of your chief complaint from its onset to the present time.

How is it affecting you (at work, with your family, in school... in your overall functioning)?

On a scale of 0 to 10, 10 being the most severe, how severe is your problem?

What makes it better?

What makes it worse?

When was the last time you felt well both physically and emotionally?

Have you previously sought therapy for this problem?

Did it help?

Have you previously sought help for other problems?

What made you decide to seek help now?

1. **Therapy**

In your own words, what constitutes a good therapy? What is the role of the therapist and yours?

What personality traits and characteristics should a good therapist possess?

How would you describe the interactions between a good therapist and his/her clients?

What do you think therapy will bring you and how long do you think it should last?

Do you have any fear not previously mentioned?

How is your self-esteem/confidence?

Can you be assertive?

Who referred you to me?

How did they figure you could benefit, and what did they tell you about me or about cognitive-behaviour therapy (CBT)?

If you are self-referred, how did you find me?

How did you know cognitive-behaviour therapy (CBT) was what you needed?

Do you have a GP or a psychiatrist?

If so, what is his/her name?

Would you like me to be in contact with him or her (or any other professional involved in your care)?

If so, and if you have not done so, please provide me with his/her contact information below.

**Thank you for helping me help you better!**