

Introductory Questionnaire

This questionnaire is designed to build a foundation for therapy. By responding to these questions as thoroughly as you can, you will be:

- *Helping me get to know you in a more focused way*
- *Providing a historical background for present concerns*
- *Directing attention to key areas*
- *Clarifying current concerns*
- *Preparing to develop a therapeutic plan*

Your responses are strictly confidential, and protected by law. No portion of this document will be released to others without your permission, except if required by law.

If you have any questions, please feel free to ask. Some questions may not pertain to you. If there is a question you do not wish to answer in writing, just let me know.



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General Information

Today's Date _____

Name _____

DOB _____ Age _____ Gender _____

Address _____ City _____

Zip _____ State _____ Country _____ Timezone _____

Phone _____ How were you referred? _____

Your Occupation _____

Your Employer _____

Current Marital Status _____

Spouse's Name _____ DOB _____ Age _____

Spouse's Occupation _____

Spouse's Employer _____

Emergency Contact _____ Phone _____

Do you have children? Y ___ N ___ Stepchildren? Y ___ N ___ Grandchildren? Y ___ N ___

Children's Names _____ Gender _____ Age _____

Stepchildren's Names _____ Gender _____ Age _____

_____ Gender _____ Age _____

_____ Gender _____ Age _____

Grandchildren's Names _____ Gender _____ Age _____

_____ Gender _____ Age _____

_____ Gender _____ Age _____

Description of present problems

Please state in your own words the nature of your main concern: _____

Please indicate how distressing your concern is right now:

Mildly upsetting Moderately upsetting Very upsetting Extremely upsetting Totally upsetting

When did this concern begin? Give dates if possible: _____

Please describe any important events at that time or since then which may have started the concern or that keep it going: _____

How have you tried to resolve this concern? _____

How was that helpful? _____

What obstacles remain? _____

Have you sought therapy before or received any prior professional or support group assistance for your concern? _____ If so, what was helpful at that time? _____

Family of Origin History

Number of brothers _____ Ages _____ Married? ____ Children? _____

Number of sisters _____ Ages _____ Married? ____ Children? _____

Other significant family members _____

Father's history

Living? Y ___ N ___ Age _____ Health _____

Occupation _____

If deceased:

What was his age and cause of death? _____

What was your age at the time of his death? _____

Indicate any mental or physical problems your father has or has had:

Depression Anxiety Mental Illness Physical illness

Relationship Problems Problematic alcohol or drug use Suicidal thoughts/attempts

Anger Management Financial Problems

Other _____

Mother's history

Living? Y___N ___Age_____Health_____

Occupation_____

If deceased:

What was her age and cause of death?_____

What was your age at the time of her death?_____

Indicate any mental or physical problems your mother has or has had:

Depression Anxiety Mental Illness Physical illness

Relationship Problems Problematic alcohol or drug use Suicidal thoughts/attempts

Anger Management Financial Problems

Other_____

Parents' History

Are your parents currently married?____If no, were either of your parents remarried?_____

Were either parent previously married?_____

Spiritual History

Your religious experience as a child _____As an adult_____

Church affiliation_____

Clergy's name_____

How would you describe your current spiritual/religious experience?_____

In what ways is this a personal strength for you? _____

How might we use your spiritual strengths in our work together? _____

Nationality

Does your family affiliate with a nationality or country of origin? _____

If yes, please describe: _____

How have you found this a strength for you? _____

How might we include this in our work together? _____

Childhood and Adolescence

- Circle any of the following that applied during your childhood or adolescence:
- happy childhood unhappy childhood emotional problems food use problem
- family problems physically abused alcohol abuse sexual abuse
- legal problem drug abuse school problems medical problems
- financial problems problematic abortion

other _____

If you were not raised by your natural parents, who helped raise you? _____

Between what ages/years? _____

Please describe your **father's** (or father substitute's) personality and his methods of discipline (past & present): _____

How did he show affection and how often did he share his affection with you?

In what ways did he influence you or others members of the family? _____

Please describe your **mother's** (or mother substitute's) personality and her methods of discipline (past & present): _____

How did she show affection and how often did she share her affection with you?

In what ways did she influence you or others members of the family?

What were the prevailing emotional overtones in your family while you were growing up? _____

Have any member of your family have significant problems? If yes, please describe:

Have any relative expressed suicidal thoughts or behaviors? If yes, please describe:

Did any relative have serious problems with the law? If yes, please describe:

Physical

What is your height?_____Weight?_____

Do you have or have you ever had any of the following? (Please describe):

Illnesses or physical conditions_____

Surgeries_____

Unusual physical characteristics_____

Unusual sensations_____

Troubling physical symptoms _____

Other_____

Current medications: _____

Prescribed by: _____

Allergies:_____

Name and phone number of your family physician:_____

Date of most recent full physical examination:_____

Results: _____

How would you describe your overall health?_____

Educational

Please list the last completed grade/degree(s) in school: _____

Specialized areas of study: _____

Current educational activities: _____

Occupational

What sort of work are you currently doing? _____

Does your present work satisfy you? _____ Please describe: _____

What were your past ambitions or dreams? _____

What are your current ambitions or dreams? _____

What kinds of hobbies or leisure do you enjoy or find relaxing? _____

Financial

What is your household income? _____

How much does it cost you to live? _____

Do your concerns include financial issues? If so, please describe: _____

Behavioral

Please circle and describe any of the following behaviors that apply to you:

food use problems unusual behavior avoidance isolation aggressive behavior
nervous tic sleep difficulties outbursts of temper loss of control
procrastination smoking laziness problem alcohol or drug use pattern working too
much difficulty keeping a job compulsions impulsive reactions food use problems
frequent crying problematic risky behaviors withdrawal sleep disturbance
concentration difficulties problematic gambling pattern

other _____

Have you been hospitalized for psychological or emotional problems? If so, when and where?

Menstrual history

Age of first period _____ Were you knowledgeable or was it a surprise? _____

Are your periods regular? _____ Do you experience pain? _____

How does your cycle affect your mood? _____

Sexual

Please describe your parents' attitude toward sex: _____

Was sex discussed in your home? _____

When and how did you derive your first sexual knowledge? _____

When did you first become aware of your own sexual impulses? _____

Have you experienced anxiety or guilt feelings arising out of sex or masturbation? _____

If yes, please describe: _____

Are your first or subsequent sexual experiences relevant? _____ In what way? _____

Is your present sex life satisfactory? _____ Please describe: _____

What is your sexual orientation? (heterosexual, gay/lesbian/bisexual/etc)

Do you have preferred pronouns? _____

How might we integrate sexual health into our work together?

Please describe any sexual concerns not discussed above: _____

Your current family

Whom do you include in the group you consider your "family"? _____

How would you describe your current family? _____

What are the prevailing emotional overtones in your family? _____

Marriage

How long did you know your spouse before your engagement? _____

How long were you engaged? _____

How long have you been married? _____ Previously married? _____

If previously married, for how long? _____ How soon were you remarried? _____

Was your spouse previously married? _____

How would you describe your relationship with your spouse? _____

Children

Describe your methods of discipline (past and present): _____

Describe your spouse's or parenting partner's methods of discipline (past and present):

Have any of your children presented challenges or special care? _____ Please describe:

Family Life

How do you show affection and how often do you share affection with your family (past and present)? _____

In what ways do you influence other members of your family? _____

How does your spouse show affection and how often do they share affection with others in your family (past and present)? _____

In what ways does your spouse influence you and other members of your family?

Friendships

Do you make friends easily? _____

How are your friendships important to you? _____

Rate the degree to which you generally feel comfortable and relaxed in social situations:

Very relaxed Relatively comfortable Relatively uncomfortable Very anxious

Stress

Check and describe any of the following that apply and indicate the person involved such as a spouse, child, father, mother, brother, sister, yourself, etc. Please indicate those you consider important, especially those occurring over the past six years.

Death in the family _____

Miscarriage _____

Divorce _____

Trouble with the law _____

Financial trouble _____

Job/School problems _____

Serious illness _____

Serious operation _____

Abortion _____

Mental illness _____

Alcohol problems _____

Drug problems _____

Interpersonal problems _____

Sexual abuse _____

Depression _____

Physical abuse _____

Suicidal thoughts _____

Suicidal attempts _____

Spiritual problems _____

Anger management problems _____

Unresolved conflict _____

Other _____

Systems outside of your immediate family

How do you relate with your in-laws? _____

Have your parents, relatives, or friends sought to influence your concerns? _____

Please describe: _____

Is your job or school situation unusually stressful? _____

Please describe: _____

Has your clergy made a special effort to talk with you about your concerns? _____

Please describe: _____

Have the police or other social agencies influenced your family? _____

Please describe: _____

Have there been any other significant outside influences on your family? _____

Please describe: _____

Expectations regarding therapy

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____

How do you think a therapist should interact with clients? _____

What personal qualities do you think the ideal therapist should possess? _____

How would you describe a desired outcome for therapy? _____

Please use this area to describe any other related matters you may have that have not been addressed by this questionnaire. _____

Please be sure to read and sign the attached consent form.

Consent For Treatment Agreement

Client name _____

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment with Luann Adams. I understand that either party may discontinue therapy at any time.

Office Policy

I may cancel my appointment by calling 248.546.0079 (24 hours a day). If I need to cancel an appointment, I will cancel at least 24 hours in advance, or be responsible for my regular session rate. Payment for sessions will be made at the time of service unless other arrangements have been made. I, the undersigned, agree and acknowledge that I am responsible for full payment of services rendered.

Non-voluntary Discharge from Treatment

Treatment may be terminated non-voluntarily if the client exhibits or threatens violent behavior, verbal abuse, carries weapons in session, engages in illegal acts, or nonpayment of negotiated fees. Treatment may also be discontinued if the client does not participate actively in the therapy process. The client will be notified of the non-voluntary discharge.

Confidentiality

Client records are maintained by the therapist. Information shared while in therapy will be kept confidential and will not be released without written permission except where required by law, or in a medical emergency. Federal and state laws do not protect information about suspected child or frail elder abuse or neglect, which must be reported to appropriate authorities. It is the therapist's duty to warn any potential victims when a significant threat of harm is present. My signature below indicates that I have read and understand my confidentiality rights.

Signature _____ Date _____

Signature of parent/legal guardian _____ Date _____

Witness _____ Date _____