Patient Questionnaire/Intake

PROFESSIONAL CHRISTIAN COUNSELING SERVICES
Ana Rebecca Toothman-Smith MA Th., MA LMFT

Licensed Marriage and Family Therapist
(MFC 49754)
7840 El Cajon Blvd., suite 302
La Mesa, CA 91946
(858) 717-0946

_____
_____

General:

Name _____ Date_____

Address _____ Home phone _____

Work phone _____ Fax _____

E-mail _____ Referred by _____

Age _____ Date of birth _____

Marital status _____ Educational level _____

Occupation _____ Names and ages of children _____

_____

Names and ages of parents (if applicable)_____

_____

Emergency contact information _____

_____

Financial Information:

Annual household income _____ Do you own or rent? _____

How do you intend to pay for treatment? (cash, check, charge, insurance) _____

***If planning to use health insurance**:*

Name of insurance company _____

Policy number _____ Group number _____

Telephone number _____

Areas of Concern

What issues/concerns causes you to seek treatment? Please describe.

_____

_____

_____

Do you have any specific goals with regard to your

treatment?_____

_____

_____

Do you have any particular concerns/fears with regard to treatment?

_____

_____

_____

_____

Psychological History

Have you ever received mental health treatment before? _____

When and for how long? _____

What was the focus of treatment?_____

Name of treating therapist(s), address(es), telephone number(s) _____

_____

Have you ever been subjected to one or more psychological tests?
_____
If so, by whom? _____

Name of person(s) administered psychological tests, address(es), telephone number
_____

_____

Have you ever been hospitalized for mental or emotional problems? _____

When and for how long? _____

Why were you hospitalized? _____

Name of treating therapist, address, telephone number _____

Inform patient that authorization for release of confidential information will be needed so that any former therapists may be contacted.

Are you currently taking any prescription medications? _____

Prescribed by whom? _____

How long have you been on the medications? _____

Have you ever taken any medications for a mental or emotional condition? _____

When and for how long? _____

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to that attempt. _____
_____
_____

Are you currently having any suicidal thoughts? Please describe _____
_____
_____
_____

Please describe your childhood _____.

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.
_____
_____
_____

Have you ever been a victim of a violent crime? Please describe _____
_____
_____
_____

Medical History
Have you ever been diagnosed with a serious illness? Please describe_____
_____
_____

Do you have any medical conditions that may affect your mental health treatment? _____

Please describe your overall health today. _____
_____
_____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. _____
_____
_____
_____

Have you ever been in a 12-step program? Please describe. _____
_____
_____
_____

Do you smoke? _____ How much? _____ For how long? _____
Do you drink alcohol? _____
On average, how much alcohol do you consume in a week?_____
Do you currently use illegal drugs? Please describe your use _____
_____

Have you ever used illegal drugs? Please describe. _____
_____
_____

Family of Origin History
Mother's name, age, living/deceased, patient's age at the time of mother's death, description of relationship with mother. _____
_____
_____
_____

Father's name, age, living/deceased, patient's age at the time of father's death, description of relationship with father. _____
Names and ages of siblings. _____

Other Information
Please describe your spiritual identity/orientation. _____

Please describe your interests/hobbies _____

Are you now or have you ever been involved in a lawsuit? _____

Please describe. _____

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested. _____