Client Questionnaire

Please fill in the information below and submit it via email or text prior to your first session.
Please note: information provided on this form is protected as confidential information.

Personal Information

Name:_____ Date: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Age: _____ Referred By (if any):_____
Marital Status: □ Never Married □ Domestic Partnership □ Married
□ Separated □ Divorced □ Widowed

History

Have you previously received any type of counseling? □ No □ Yes

Name of counselor(s), how long did you see them and what did you see them for:_____
_____
_____
_____

Are you still meeting with any of them? □ No □ Yes

Do you currently attend (or have you ever attended) a weekly support group such as Men in the Battle?
□ Yes □ No If yes, please list meeting(s) and how long you have attended:
_____
_____

If married, engaged or dating, does your partner attend a support group such as Women in the Battle?
□ Yes □ No If yes, please list meeting(s) and how long they have been attending:
_____

Please take the assessment found at https://living-truth.org/self-assessment/ and indicate your score here:_____

Have you ever been prescribed psychiatric medication? □ Yes □ No
If yes, please list and provide dates:
_____
_____

General and Mental Health Information

1. How would you rate your current physical health? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing: _____

_____

2. How would you rate your current sleeping habits? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:
_____
_____

3. How many times per week do you generally exercise? _____
What types of exercise do you participate in? _____

4. Please list any difficulties you experience with your appetite or eating problems: _____
_____

5. Are you currently experiencing overwhelming sadness, grief or depression? □ No □ Yes

If yes, for approximately how long?_____

6. Are you currently experiencing anxiety, panics attacks or have any phobias? □ No □ Yes

If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain? □ No □ Yes

If yes, please describe: _____

8. Do you drink alcohol more than once a week? □ No □ Yes

9. How often do you engage in recreational drug use?
□ Daily □ Weekly □ Monthly □ Infrequently □ Never

10. Are you currently in a romantic relationship? □ No □ Yes

If yes, for how long? _____

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship and why?
_____
_____

11. What significant life changes or stressful events have you experienced recently? _____
_____
_____

Family History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

	Please Circle	List Family Member(s)
Alcohol/Substance Abuse	yes / no	_____
Affair/Pornography	yes / no	_____
Anxiety	yes / no	_____
Depression	yes / no	_____
Domestic Violence	yes / no	_____
Eating Disorders	yes / no	_____
Obesity	yes / no	_____
Obsessive Compulsive Behavior	yes / no	_____
Schizophrenia	yes / no	_____
Suicide Attempts	yes / no	_____

Additional Information

1. Are you currently employed? □ No □ Yes

If yes, what do you do for a living? _____

Do you enjoy your work? _____Is there anything stressful about your current work?_____
_____

2. Do you consider yourself to be spiritual or religious? □ No □ Yes

If yes, describe your faith or belief: _____
_____

3. What do you consider to be some of your strengths? _____
_____
_____
_____

4. What do you consider to be some of your weaknesses? _____
_____
_____
_____

5. List some of the most influential books you have read recently and briefly describe how they influenced you:_____
_____
_____
_____

6. What would you like to accomplish out of your time in Recovery Coaching?
_____
_____
_____
_____