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Client Information Form

### Intake Interview Questions

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_

OK to thank referrer?  Yes  No  Entered into phone book  Entered into birthday book

Confidentiality and exceptions explained?

#### 1. Presenting Issue

Who suggested that you come to see me? \_\_\_\_\_ Referral code: \_\_\_\_\_

What prompted you to come to seek treatment now? What are you hoping to work on? How would you prioritize the issues that you would like to work on? How do you see the situation?

If you have symptoms how would you describe them and when did they first appear?

What are stressors in your life currently?

What do you think is important to know about you?

#### 2. Mental and Physical Health History

##### Mental Health History

What is your prior mental health history?

Any prior treatment? For what? When? Where?

Previous diagnosis?

Prior hospitalizations? When? Where?

What was the outcome of prior treatment? Was it helpful to you? Why? Why not?

Any current or prior thoughts of hurting your self? If yes, explain?

Any current or prior thoughts of hurting someone else? If yes, explain?

Do any of your immediate family members have history of mental health issues? If yes, which family members and nature of issue?

What have been your major crises of the last 1–5 years, and how have you handled them? (Precipitants, coping mechanisms/skills, defenses.)

### **Physical Health History**

Do you have any current or previous health problems? (Injuries, illnesses, allergies, eating patterns, exercise, sleep, sex; all current medications; last exam by an MD?)

Who is your primary care physician and what is their contact information?

When was the last time you had a physical?

Do any of your immediate family members have history of health issues? If yes, which members and nature of issue?

Are you currently taking any psychiatric or non-psychiatric medications? If yes, please list any below

Psychiatric Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking (e.g., antidepressant) \_\_\_\_\_ Prescriber contact info \_\_\_\_\_

**3. Substance Use/Abuse**

Do you have any concern regarding use of substances? If yes, explain

Has anyone in your life expressed concern regarding use of substances?

Do you have any current or prior history of substance use? If so, list substances used:

Substance	Age of 1 <sup>st</sup> Use	Last Use	Frequency	Current Use

If prior substance use history, what is the longest period of sobriety? Triggers for relapse?

Community Supports used, if any? (e.g., AA)

Family history of substance abuse?

**4. Legal History:**

Do you have any past or current legal issues? Please describe?

**5. Childhood History:**

Met developmental milestones on time? Yes \_\_\_\_ No \_\_\_\_ If not, what were unusual problems?

What was peer group experience like? Did you have many friends growing up?

How was school experience? Highest grade completed?

Any past or present educational problems?

**6. Relevant Family History**

Members of your immediate family:

<u>Family Member</u>	<u>Relationship</u>	<u>Age</u>	<u>Location</u>
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Marital Status:

Married    Separated    Divorced    Single    Widowed    Live with significant other

If married, for how long?

Do you have any children? Relationship with children?

Any family history of physical/emotional problems?

Relationship with family of origin?

Any major losses in past?

**7. Social History**

Do you have friends and associate in your life?

Do you belong to any clubs or organized activities?

Do you have any leisure activities that you enjoy?

Is religion important in your life?

## 8. **Work History:**

Are you currently employed? What is your job and how long have you been there?

Are you satisfied with the work you are doing? Why? Why not?

How would you describe your work history (e.g., reasons for job changes?)

How would you describe your financial status (e.g., some stress, comfortable, etc.)?

## 9. **Trauma History:**

Have you ever had any thoughts currently or in the past of hurting yourself? If yes, explain

Has anyone tried to hurt you currently in the past? If yes, explain

Do you have any history of present or past sexual abuse? If yes, explain

Have you witnessed or been affected by violence? If yes, explain

Have you experience any other traumatic events? If yes, explain

## 10. **Other**

What do you want to change about yourself?

What changes do you hope therapy will lead to?

What are your major strengths?

When are you happy? What are the positive factors in your life right now?

Is there anything we haven't talked about that is relevant or important, or that you feel I should know about?