SCARTH & MCKILLOP
psychologists

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INTAKE QUESTIONNAIRE

CLIENT INFORMATION:

Date:

Name:

Address:

Telephone Numbers

Can messages be left at your telephone number?

Email Address

Date of Birth: Age:

Referred by: Name

Address & Telephone

Family Physician: Name

Address & Telephone

Emergency Contact Person:

Name

Address

Telephone (Day)

Telephone (Evening)

CURRENT DIFFICULTY:

Please indicate the reason that you are seeking services at this time. Briefly describe the nature of your difficulties and how long they have been present:

Please check the severity of your difficulties:	How hopeful are you that these difficulties can get better?
□mildly upsetting □moderately upsetting □severe □very severe □extremely severe	□not hopeful □somewhat hopeful □pretty hopeful □very hopeful

Have you consulted anyone about your difficulties? If so, please indicate name, title, address, and telephone number:

Have you ever received counselling/treatment/hospitalization for emotional difficulties?
□Yes
□No

If yes, please describe when and reasons for previous treatment:

Have you ever received medication for emotional difficulties?
□Yes
□No

If yes, please describe the name, how much, how frequently, and with what results:

Check off all that currently apply to you:

□work problems
□marital problems
□family problems
□relationship problems
□legal problems
□financial problems
□school problems
□sexual problems
□depression
□low self-esteem
□guilt
□hopelessness
□loneliness
□social isolation/withdrawal
□suicidal thoughts
□anxiety/panic
□fears/phobias
□abuse issues
□traumatic experiences
□loss/grief issues
□stress or burnout
□anger/frustration
□easily agitated/annoyed
□eating problems
□sleep problems
□low energy/fatigue
□physical illness
□concentration problems
□confusion
□memory problems
□obsessions
□compulsive behaviours
□alcohol/drug problems (spending, gambling)
□medication problems
□acting out or difficulties controlling impulses
□racing thoughts
□unpleasant thoughts or dreams
□suicide attempts
□Other problems (please list):
_____

What major stresses are you are facing at this time?

What do you wish to accomplish from therapy?

What feelings do you wish to alter (e.g. increase or decrease)?

What behaviours or situations would you like to change?

PERSONAL HISTORY:

Please list any medical and/or health difficulties you are currently experiencing:

Are you taking any medication? If yes, please indicate the name, how much, how frequently, and with what results?

Please list any family history of illness:

Please list any family history of emotional difficulties:

Do you drink alcohol?
□Yes
□No

If yes, please indicate what kind of alcohol, how much, and how often (e.g. beer, 3 times/week):

Do you use any non-prescription or other substances?
□Yes
□ No

If yes, please indicate what substance(s), how much, and how often:

Have you experienced any life events that were particularly distressing or traumatic for you?
□Yes
□No

If yes, please describe:

Please describe the nature of your friendships with others (e.g. number of friends, closeness of your relationships):

Please describe the extent to which:

a) you feel comfortable trusting and confiding in others

b) you feel supported and understood by others

How do you generally cope with stressful or upsetting circumstances (e.g. distract myself, talk to myself, seek support, think the worst of things, keep to myself, escape, drink, keep busy)?

What are current interests, activities, or hobbies you enjoy?

FAMILY INFORMATION:

Where were you born?

Where did you grow up?

Who did you live with during your childhood?

Please describe your childhood and the atmosphere in your home:

Please give a short description of your relationship with your mother, father or caregiver guardian:

Past:

Present:

If your mother is alive, what is her present age?

If your mother is deceased, what was the cause of death? What was your age at the time of her death?

If your father is alive, what is his present age?

If your father is deceased, what was the cause of death? What was your age at the time of his death?

How many brothers and sisters do you have? _____

Please list their gender and ages:

Please give a short description of your relationship with your brothers and sisters:

Past:

Present:

Please list your current relationship status:
□Single
□Married
□Committed Relationship
□Separated
□Divorced
□Widowed

If you are in a relationship, how many years have you been together?

Please describe your relationship including strengths and areas of concern:

Briefly describe any significant past relationships that continue to have either a positive or negative effect on you currently (e.g. abusive relationship, relationship with supportive grandparent, loss of loved one) :

Who currently lives with you?

How many children do you have?

Please list their gender and ages:

Please describe your relationship with your children including strengths and areas of concern:

EDUCATIONAL & OCCUPATIONAL HISTORY

Education (highest grade/level completed):

Did you experience any difficulties in school (e.g. behavioural, social, academic)?
□Yes
□No

If yes, please describe:

Are you currently employed?
□Yes
□No

If you are currently working, please describe nature of your occupation and how long you have been working there:

What do you find satisfying about your present occupation?

What ways are you dissatisfied by your present occupation?

SELF-DESCRIPTION

Please complete the following:

a) I am a person who

b) Ever since I was a child

c) One of the things I feel most proud of is

d) One of the things I regret is

e) It's hard for me to admit

f) I worry about

g) Other people

f) I wish _____

Please describe your strengths:

Please describe what bothers you about yourself:

RELATIONSHIP STYLE

The following statements describes four types of general relationship styles. Place a checkmark next to the statement that best describes you or is closest to the way you are.

❑ It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

❑ I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

❑ I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

❑ I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.