

Jason Roberts, LMFT
CLIENT QUESTIONNAIRE

Please take a few minutes to complete this form. If you have any questions or don't know what to write, please feel free to leave the space blank until we meet.

Today's Date: _____

Information About You:

First Name:	Middle:	Last Name:
Date of Birth (<i>mm/dd/yyyy</i>):		
Phone Number(s) (<i>home, cell, work</i>):		
<input type="checkbox"/> Check here if it's ok for your therapist to call you here <input type="checkbox"/> Check here if it's ok for your therapist to leave messages here <input type="checkbox"/> Check here if you would like to receive text reminders about your next appointment		Is there anything I need to know about contacting you at this number?
Street Address:		
City:	State:	Zip Code:
Emergency Contact Name:		Relationship to You:
Emergency Contact Phone Number(s):		
Health Care Providers' Name(s)/Phone Number(s):		
Current Medications:		
Have you seen a counselor/therapist in the past? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(if yes, please provide the name or agency)</i>		Are you currently seeing another counselor/therapist? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(if yes, please provide the name/agency and phone no.)</i>
If you have been in counseling or therapy in the past, what was helpful? What was not helpful?		

<p>Age: _____</p> <p>Gender:</p> <p>1 Female 2 Male 3 Trans: <i>[specify _____]</i> 4 Other: <i>[specify _____]</i></p> <p>Ethnic/Cultural Background:</p> <p>1 African-American 2 American Native/Alaskan Native 2a Tribal Member? <input type="checkbox"/> Y <input type="checkbox"/> N 2b Tribe: _____ 3 Asian/Pacific Islander 4 Latino/Latina/Hispanic 5 Mixed Race <i>[specify _____]</i> 6 White 7 Other: <i>[specify _____]</i> 8 Country of Origin: <i>[specify _____]</i></p> <p>Primary Religious/Spiritual Orientation:</p> <p>1 Buddhist 2 Christian 3 Hindu 4 Jewish 5 Muslim 6 Other: <i>[specify _____]</i> 7 None</p> <p>Sexual Orientation:</p> <p>1 Gay 2 Lesbian 3 Bisexual 4 Heterosexual 5 Other: <i>[specify _____]</i></p> <p>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled: Please list any disability that you may have that you would like me to know about: _____</p>	<p>Relationship Status:</p> <p>1 Single 2 Married/Common Law/Domestic Partnership 3 Divorced 4 Widowed 5 Partner/Significant Other 6 Separated 7 _____</p> <p>Number of Children (please circle one):</p> <p>0 1 2 3 4 5-7 more than 7</p> <p>Language Spoken in Home:</p> <p>1 English 2 Spanish 3 Chinese 4 Japanese 5 Other: <i>[specify _____]</i></p> <p>Highest level of education completed:</p> <p>1 11th grade/under 2 High school diploma/GED/Voc/Tech. 3 Some college or AA degree 4 BA/BS degree 5 Graduate degree</p> <p>Employment Status:</p> <p>1 Employed full-time (36 hrs. or more per week) 2 Employed part-time (less than 36 hrs. per week) 3 Unemployed 4 Student 5 Other <i>[specify _____]</i></p> <p>Occupation: _____</p> <p>Major (if student): _____</p>
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Other Information

Who lives in your home and what is their relationship to you?			
	Name	Age	Relationship to you
1			
2			
3			
4			
5			

Please answer each of the following questions. However, feel free to leave blank those questions you do not wish to answer at this time. I may discuss some responses with you.

1	Have you or anyone close to you had any recent changes, such as job loss, recent moves, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have there been any recent deaths or losses in your family or among your friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I Want To Understand The Following About You....

Please describe your reason for seeking therapy at this time:

Who is involved and/or aware of these factors in your life?

Whatever your reason(s) for seeking counseling, how long has this influenced you/your life?

What have you tried to do to resolve these matters on your own? In what way(s) was this helpful?

What are your thoughts about how I might be of help?

Anything else I should know about you?

How were you referred to me? (please check)

My website____ Treatment Facility____ Psychology Today Profile____ Another therapist (please list name)_____

From somewhere else (please list)_____

Thank you for taking the time to fill this out.