

**New Client Questionnaire**

(To be completed by each member)

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

May I ask how you heard of me and may I thank him/her for referring you to my office?

\_\_\_\_\_

Have you received any counseling before? \_\_\_\_\_

If yes, what type of services? \_\_\_\_\_

When and where did you receive service(s)? \_\_\_\_\_

How many different therapists have you seen? \_\_\_\_\_

Therapist's Name (optional): \_\_\_\_\_

What did you find most helpful in therapy?

\_\_\_\_\_

What did you find least helpful in therapy?

\_\_\_\_\_

As you see it, what is bothering you most right now?

\_\_\_\_\_

Has anything happened like this before? \_\_\_\_\_ When? \_\_\_\_\_

What led you to seek help at this time?

\_\_\_\_\_

How would you like to change things?

\_\_\_\_\_

What do you do to help you feel better?

\_\_\_\_\_

What was the happiest time of your life?

\_\_\_\_\_

What was the worst time of your life?

\_\_\_\_\_

Ideally, what would you like to get from therapy?

\_\_\_\_\_

Please add any additional information which you feel may be important for me to know.

\_\_\_\_\_

*Thank you for taking the time to complete this questionnaire.*

\_\_\_\_\_

Your Name (please print)

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date