



Brief Client Questionnaire

Client Name:	D.O.B.
<i>It is requested that the client mark any of the following items that pertain to him/her. This information will assist the mental health professional in the completion of the Intake Interview.</i>	
<input type="checkbox"/> I have been in counseling before.	<input type="checkbox"/> I have attempted suicide in the past.
<input type="checkbox"/> I currently use alcohol and/or controlled substances. Specify: _____ _____ _____	<input type="checkbox"/> I have engaged in self-injurious behaviors (e.g. cutting) to cope with my life circumstances. Specify: _____ _____ _____
<input type="checkbox"/> I have used alcohol and/or controlled substances within the past 12 months.	<input type="checkbox"/> There is a history of alcohol abuse and/or substance abuse in my family.
<input type="checkbox"/> There is a history of mental health problems in my family.	<input type="checkbox"/> I am currently concerned for my safety.
<input type="checkbox"/> I have been hospitalized in the past for mental health reasons.	<input type="checkbox"/> My mental health concerns are interfering with my ability to perform in school.
<input type="checkbox"/> I have been hospitalized within the past 12 months for mental health reasons.	<input type="checkbox"/> My life is being negatively impacted as a result of my mental health problems.
<input type="checkbox"/> I have been diagnosed with mental health issues. Specify: _____ _____ _____ _____	<input type="checkbox"/> I am currently taking prescription medication. Specify med and dosage: _____ _____ _____ _____
<input type="checkbox"/> I have been physically abused.	<input type="checkbox"/> I have been emotionally abused
<input type="checkbox"/> I have been sexually abused.	<input type="checkbox"/> I would like help coping with my mental health issues.
Is there anything else you would like us to know about you? 	

