

CONFIDENTIAL QUESTIONNAIRE

Date: _____ **email:** _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____

(City) (State) (Zip Code) **Home Phone:**(_____) _____

Place of Birth: _____ **Date of Birth:** _____ **Religious Preference** _____

Employer: _____ **Cell Phone:** _____ **Work Phone:**(_____) _____

How Long At Job? _____ **Position:** _____

Insurance _____ **Education Completed:** (Grade/Degrees) _____

Marital Status: Single Engaged Co-habiting Gay/Lesbian Married/Date _____
 Separated/Date _____ Divorced/Date _____ Widowed/Date _____
 Other Relationship _____ **Number of Previous Marriages** _____

Spouse/

Partner's Name: _____ **Age:** _____ **Occupation:** _____

Your **present relationship** is: Very Happy Happy Average Unhappy

	(Name & Age)	(Name & Age)
Children:	_____	_____
	_____	_____
Brothers:	_____	_____
Sisters:	_____	_____
Parents:	_____	_____
	(Father Name & Age)	(Mother Name & Age)

Your Present Health: Excellent Very Good Good Fair Poor

Are You On any **Medication(s)**? Yes No **If yes, please list & give dosages:** _____

Name of **Personal/Family Physician:** _____

Past History of Illness: _____

Past History of Surgery: _____

Is there a **history of any alcohol/drug problems** with you or your family? Yes No

If yes, please explain _____

Have you or any family member been **abused?** Yes No If yes, explain _____

Prior psychiatric treatment? Yes No If yes, with whom/when? _____

Comments: _____

What **losses** (deaths, divorce, employment, etc.) have you experienced within the past few years? _____

Why are you here today?: _____