

CONFIDENTIAL QUESTIONNAIRE

Date: _____

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

Address: _____

(City) (State) (Zip code) Home Phone: (____) _____ - _____

Date of Birth: ____/____/____ Place of Birth: _____ Religious Preference: _____

Employer: _____ Work Phone: (____) _____ - _____

How long at job? _____ Position: _____ Insurance: _____

Education Completed: (Grade/Degrees) _____ Name of Personal/Family Physician: _____

Marital Status:
 Single Engaged Cohabiting 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's Name & Age)

(Mothers' Name & Age)

Your Present Health: Excellent Very Good Good Fair Poor

Are you on any Medication(s)? Yes No If yes, please list and give dosages _____

Past History 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 member of your family been abused? Yes No

If yes, please 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? _____
