

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