## Jason Roberts, LMFT CLIENT QUESTIONNAIRE

Please take a few minutes to complete this form. If you have any questions or don't know what to write, please feel free to leave the space blank until we meet.

Today's Date:						
Information About You:						
First Name:	Middle:			Last	Name:	
Date of Birth (mm/dd/yyyy):						
Phone Number(s) (home, cell, work):						
<ul> <li>Check here if it's ok for your therapist to</li> <li>Check here if it's ok for your therapist to</li> <li>Check here if you would like to receive your next appointment</li> </ul>	to leave message	es here	Is there at this n		I need to know about	contacting you
Street Address:						
City:	State:				Zip Code:	
<b>Emergency Contact Name:</b>	gency Contact Name: Relationship to You:					
Emergency Contact Phone Number(s):			1			
Health Care Providers' Name(s)/Phone Num	nber(s):					
Current Medications:						
Have you seen a counselor/therapist in the p (if yes, please provide the name or agency)	oast? □ Y □ N				nnother counselor/the ame/agency and phon	
If you have been in counseling or therapy in	the past, what v	was helpfu	1?			
What was not helpful?						

Gender:  1 Female 2 Male 3 Trans: [specify	Relationship Status:  1 Single 2 Married/Common Law/Domestic Partnership 3 Divorced 4 Widowed 5 Partner/Significant Other
1 African-American 2 American Native/Alaskan Native 2a Tribal Member? □ Y □ N 2b Tribe: □ 3 Asian/Pacific Islander 4 Latino/Latina/Hispanic 5 Mixed Race [specify □ ] 6 White 7 Other: [specify □ ] 8 Country of Origin: [specify □ ]  Primary Religious/Spiritual Orientation: 1 Buddhist	6 Separated 7  Number of Children (please circle one): 0 1 2 3 4 5-7 more than 7  Language Spoken in Home: 1 English 2 Spanish 3 Chinese 4 Japanese
1 Buddhist 2 Christian 3 Hindu 4 Jewish 5 Muslim 6 Other: [specify	Highest level of education completed:  1 11 <sup>th</sup> grade/under 2 High school diploma/GED/Voc/Tech. 3 Some college or AA degree 4 BA/BS degree 5 Graduate degree  Employment Status: 1 Employed full-time (36 hrs. or more per week) 2 Employed part-time (less than 36 hrs. per week) 3 Unemployed 4 Student 5 Other [specify
Other Information	
Who lives in your home and what is their relationship to you	?
Name Age 1 2 3 4	Relationship to you
5	

Please answer each of the following questions. However, feel free to leave blank those questions you do not wish to answer at this time. I may discuss some responses with you.

1	Have you or anyone close to you had any recent changes, such as job loss, recent moves, etc.?	□ Yes □ No
2	Have there been any recent deaths or losses in your family or among your friends?	□ Yes □ No

3	Are you or is anyone close to you currently dealing with any medical concerns?			
5	Have you ever participated in any support group and/or counseling – or considered being involved – due to your use or someone else's use of alcohol or other drugs?			□ Yes □ No
6	Has any aspect of your life or those around you been negatively impacted at any time due to your use of alcohol or other drugs?			
7	Has any one ever expressed a concern about your use of alcohol or other drugs, including prescription medication and supplements?			
8	Have you at any time in your life been concerned about your use of alcohol or other drugs, including prescription medication and supplements?			□ Yes □ No
9	Do you have any concerns with your current diet, exercise patterns, or body type?			
10	Are you currently, or have you ever, utilized self-harming behaviors (i.e., cutting yourself, banging your head, burning yourself) as a means of an emotional release or punishment, or for other reasons?			□ Yes □ No
11	When gambling, have you ever felt the need to bet more and more money?			□ Yes
13	At any time during your childhood did you see or hear someone in your household being physically harmed?			□ Yes
14	Have you ever been emotionally mistreated in a significant and ongoing way by an intimate partner, such as being told you were ugly or stupid, or being restricted from activities that are very important to you?			□ Yes
15	Have you ever been made to have some form of unwanted sexual contact?			□ Yes □ No
16	Have you at any time felt afraid due to behavior by an intimate partner (e.g., spouse, boyfriend, girlfriend) or former intimate partner?			□ Yes
	Are you experiencing any difficulties in the following areas (please check all that apply):			
17	<ul> <li>□ Alertness</li> <li>□ Appetite</li> <li>□ Body image concerns</li> <li>□ Breathing</li> <li>□ Concentration</li> <li>□ Conflict in current relationship</li> </ul>	<ul> <li>□ Depression/Sadness</li> <li>□ Dizziness/Faintness</li> <li>□ Headaches</li> <li>□ Memory</li> <li>□ Nightmares</li> <li>□ Numbness</li> </ul>	<ul> <li>□ Pain management</li> <li>□ Sexual problems</li> <li>□ Sleep</li> <li>□ Stomach pains</li> <li>□ Stress management/Anxiety</li> <li>□ Weight loss or gain</li> </ul>	

## **Children in Therapy**

Please list all minor children (under 18) who will be participating in therapy with you:	I have the legal right to give permission for therapy services, because my relationship to the child is (check one):			Name of Child's School:
	☐ Custodial parent	Legal guardian	DHS or OYA caseworker	
	☐ Custodial parent	Legal guardian	DHS or OYA caseworker	
	☐ Custodial parent	Legal guardian	DHS or OYA caseworker	
	☐ Custodial parent	Legal guardian	DHS or OYA caseworker	
_	☐ Custodial parent	Legal guardian	☐ DHS or OYA caseworker	
	☐ Custodial parent	Legal guardian	☐ DHS or OYA caseworker	

I Want To Understand The Following About You
Please describe your reason for seeking therapy at this time:
Who is involved and/or aware of these factors in your life?
Whatever your reason(s) for seeking counseling, how long has this influenced you/your life?
What have you tried to do to resolve these matters on your own? In what way(s) was this helpful?
What are your thoughts about how I might be of help?
Anything else I should know about you?
How were you referred to me? (please check)
My website Treatment Facility Psychology Today Profile Another therapist (please list name)
From somewhere else (please list)

Thank you for taking the time to fill this out.