Abundant Life Counseling
Client Questionnaire

Name: _____ Date: _____
Last Name *First Name* *MI*

Parent's Name (if client is a minor): _____
Last Name *First Name* *MI*

Address: _____
Street Address *City* *State* *Zip Code*

Phone: _____ _____ _____
Home Phone *Work Phone* *Cell Phone*

Date of Birth: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Why are you seeking counseling at this time of your life? _____

_____

What do you hope to gain through counseling to be successful? _____

_____

Current Mental Health Symptom Checklist

DEPRESSED MOODS	**Never**	**Occasionally**	**Often**	**Daily**
Poor appetite	☐	☐	☐	☐
Poor sleep patterns	☐	☐	☐	☐
Lack of interest	☐	☐	☐	☐
Feelings of worthlessness	☐	☐	☐	☐
Feelings of hopelessness	☐	☐	☐	☐
Withdrawal	☐	☐	☐	☐
Low energy	☐	☐	☐	☐
Poor memory	☐	☐	☐	☐
Suicidal thoughts	☐	☐	☐	☐
Episodes of elated/euphoric moods	☐	☐	☐	☐
Sadness	☐	☐	☐	☐
Irritability	☐	☐	☐	☐

ANXIOUS MOODS	**Never**	**Occasionally**	**Often**	**Daily**
Worry	☐	☐	☐	☐
Restlessness	☐	☐	☐	☐
Panic Attacks	☐	☐	☐	☐
Obsessive thoughts	☐	☐	☐	☐
Fearfulness	☐	☐	☐	☐
Uncomfortable around people	☐	☐	☐	☐
Anger	☐	☐	☐	☐

ATTENTION PROBLEMS	Never	Occasionally	Often	Daily
Difficulty with focus	☐	☐	☐	☐
Distractibility	☐	☐	☐	☐
Forgetfulness	☐	☐	☐	☐
Disorganized	☐	☐	☐	☐
OTHER SYMPTOMS: *please list.*				

MENTAL HEALTH HISTORY

History of Psychiatric Hospitalization: _____

History of Counseling: _____

SUBSTANCE ABUSE HISTORY	Current	How Much?	Past	How Much?
Alcohol	☐		☐	
Cigarettes	☐		☐	
Marijuana	☐		☐	
Amphetamines	☐		☐	
Cocaine	☐		☐	
Opiods (Prescription drugs)	☐		☐	
Other	☐		☐	
HISTORY OF CHEMICAL DEPENDENCY TREATMENT?				
OTHER ADDICTIONS	**Current**	**How Much?**	**Past**	**How Much?**
Gambling	☐		☐	
Sexual Addiction	☐		☐	

MEDICAL HISTORY

Date of last physical examination: _____

Family Doctor: _____ Phone: _____

Health Problems: _____

MENTAL HEALTH MEDICATIONS: (Continue on back of page if more room is needed)

Medication	Dosage	Prescribed For
1.		
2.		
3.		

PHYSICAL HEALTH MEDICATIONS: (Continue on back of page if more room is needed)

Medication	Dosage	Prescribed For
1.		
2.		
3.		

How did you hear about my practice? _____