CLIENT QUESTIONAIRE

Healing Hearts Family Counseling Center, LLC.
2829 Royal Avenue, Suite 200
Madison, Wisconsin 53713

Date: ______________________

Client Name

1. What issues are you seeking help for at this time (Briefly describe specific problemss)

2. Is anyone referring you? Referral Source:____

3. Current symptom checklist:

___ depressed mood
___ lack of appetite
___ social isolation
___ feelings of worthlessness
___ trouble staying asleep
___ fatigue/low energy
___ poor concentration
___ mood swings
___ agitated
___ irritable

___ grief
___ hopelessness
___ sucidal thoughts
___ anger outbursts
___ sleeping more than normal
___ feelings of guilt
___ feelings of wanting to harm yourself
___ significant weight gain or loss
___ excessively emotional
___ panic attacks

___ obsessive thoughts
___ overeating
___ difficulty falling asleep
___ memory problems
___ flashbacks
___ manic episodes
___ addictions (please specify)
___ restless
___ anxiety
___ other __________________

4. Have you ever been in couseling before? _______ yes _______ no

   If yes, when, where and with whom? ____

5. Has any family member had mental health counselign or psychiatric treatment? ______ yes _______ no

   If yes, who and why? ____

6. Do you have any medical problems? Accidents or Injuries? ______ yes ______ no

   If yes, they are: ____

7. Prior or current medication usage? ______ yes ______ no If yes, please list (use back side if needed):

Medication	Dosage	Start date	End date	Physician	Beneficial?

8. As a child do you remember your needs being met (food, shelter, love?) If no, please describe:

____

Client Questionaire

9. During the past six months, have you: seen a doctor? _____
been hospitalized? _____ Used outpatient counseling services? _____

10. SUBSTANCE USE HISTORY: (check all that apply)

Family alcohol/drug abuse history:

___ father
___ mother
___ grandparent(s)
___ stepparent/live-in
___ uncle(s)
___ aunt(s)
___ children
___ sibling(s)
___ spouse/significant other
___ other

Substances have you ever used: (check all that apply)	Current Use Yes/NO	Amount/Frequency Current	Past Use Yes/No
___ Alcohol	____________	____________	____________
___ Barbituaries/downers	____________	____________	____________
___ Caffeine	____________	____________	____________
___ Cocaine	____________	____________	____________
___ Crack Cocaine	____________	____________	____________
___ Hallucinogens (eg LSD)	____________	____________	____________
___ Inhalants (eg glue, gas)	____________	____________	____________
___ Marijuana or hashish	____________	____________	____________
___ Nicotine/cigarettes	____________	____________	____________
___ Opioids (Heroin, morphine, oxycontin)	____________	____________	____________
___ Perscription medication	____________	____________	____________

AODA (Alcohol and Drug) Treatment History:

___ outpatient age(s) ________
___ inpatient age(s) _________
___ stopped on own, how long __________
___ 12 step program

Consequences of substance use

___ hangovers
___ blackouts
___ medical conditions
___ tolerance changes
___ assaults
___ sleep disturbance
___ suicidal impulses
___ binges
___ job loss
___ arrests

11. Have you been the victim of physical abuse?
☐ yes ☐ no ☐ not sure. If yes, who?

12. Have you been the victim of sexual abuse?
☐ yes ☐ no ☐ not sure. If yes, who?

13. Are you a veteran ☐ yes ☐ no

14. Have you ever been charged with a crime?
☐ yes ☐ no ☐ not sure. If yes, please explain?

15. Are you presently on Probation or Parole? Agent's name and contact information: _____ yes _____ no

____

Client Questionaire

16. What is the highest grade of school you have completed? What is your occupation?

17. Current living situaton: ☐ alone ☐ spouse or significant other ☐ friend ☐ parents ☐ foster parents ☐ halfway house

18. How good is your relationship with your: (circle one for each)

Boss?	Very poor - poor - fair - good - Excellent
Partner?	Very poor - poor - fair - good - Excellent
Children?	Very poor - poor - fair - good - Excellent
Parents?	Very poor - poor - fair - good - Excellent
Siblings?	Very poor - poor - fair - good - Excellent

19. Family Information:

Father's Name _____________ (age) ________ Mother's Name _____________ (age) ________
Step-father/live in _____________ __________ Step-mother/live-in ____________ __________
Sibling's name _______________ __________ Sibling's name _______________ __________
Sibling's name _______________ __________ Sibling's name _______________ __________

20. Current marriage/committed relationship: Date of marriage/time since together______________________

Spouse/partner's name ________________________ Occupation: __________________________

Children's name(s)	age(s)	Physical placement
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________

21. Previous Marriage(s) if any, list most recent first:

Date of marriage ___________ Date marriage ended ________ ☐Death ☐ Divorce
Former Spouse's name ___________________ Occupation:____________________

Children's name(s)	age(s)	Physical placement
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________

b. Date of marriage ___________ Date marriage ended ________ ☐Death ☐ Divorce
Former Spouse's name ___________________ Occupation:____________________

Children's name(s)	age(s)	Physical placement
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________
____________________	__________________	____________________

20. Relationship Satisfaction if involved currently:

___ very satisfied with relationship
___ satisfiedwith relationship
___ somewhat with relationship
___ dissatisfied with relationship
___ very dissatisfied with relationship