



LYNN GUTKNECHT
COUNSELING

NEW CLIENT QUESTIONNAIRE

Welcome! Thank you for taking a few minutes to fill out this form.

Date: _____

Name: _____

Street Address: _____

City/State/Zip: _____

DOB: _____ Email: _____

OK to call? OK to leave message?
(circle)

Home phone: _____ Yes No Yes No

Cell phone: _____ Yes No Yes No

Work phone: _____ Yes No Yes No

Please provide a name and phone number of whom to call in case of emergency:

What concern brings you in today?

When did this problem start?

What made you make this appointment *now*?

What makes this problem better? What makes it worse?

Do you confide in anybody in your life about this problem?

Have you previously been in counseling/therapy? If yes, when and for what issues?

Was it helpful? Why or why not?

Have you ever been hospitalized for mental health reasons? When and why?

Are you currently taking any medications for depression, anxiety, or other mental health concerns? [Please list names and prescribing doctor.]

Do you have any health problems that affect your mood?

Do you have any concerns regarding your alcohol or drug use?

SUMMARY

What are your two most important goals for counseling?

How many sessions do you think you might need to successfully meet these goals?