

BACKGROUND QUESTIONS

***Please complete with as much detail as you are comfortable with.
Once completed, please email it back to me through the portal prior to our meeting.**

Personal Information:

- Name:
- Contact Information: (Phone, Email)

PRESENTING PROBLEMS & GOALS:

1. Reason for Seeking Therapy (Detail specific issues and concerns):
2. What symptoms are you having?
 - a. Frequency (How often do you experience these symptoms?)
 - b. Duration (How long do these episodes last?)
 - c. Intensity (On a scale of 1-10, how severe are these symptoms?)
 - d. Triggers (What circumstances or events tend to trigger these symptoms?)
3. Have you faced any major life changes or stressors recently? Please provide details.
4. Therapy Goals and Expectations (Detail what you hope to achieve through therapy):
5. Describe the coping skills you use for things like anxiety, stress, depression, etc:

Your Past/Current Psychiatric Info:

- a. Providers' Names and Locations:
- b. Timeframes of Treatment:
- c. Nature of Problems Addressed:
- d. Diagnoses Received:
- e. Treatment Goals and Outcomes:
- f. Positive Experiences in Past Treatments:
- g. Challenges or Dislikes in Past Treatments:

Traumas, Injuries, and Abuse:

1. Have you experienced any traumas, injuries, or abuse? If yes, how have these experiences impacted your current life?
2. Do you have a history or currently experiencing any self-harming behaviors, suicidal thoughts or acts, or homicidal thoughts or acts? Please describe if applicable.
3. Do you own or have access to any weapons? If yes, please provide details.

Medications and Supplements:

1. Have you taken any medications in the past that resulted in adverse effects or poor outcomes?
2. What medications are you currently taking? Please include dosage, purpose, and prescriber.
3. How do you feel about your current medications?
4. Are you taking any supplements? Please list them, along with their purpose and dosage.

Medical:

1. Do you have any medical illnesses, chronic conditions, or pain conditions? Please list them.
2. Have you undergone any surgeries? Please provide details.
3. Do you have any conditions like diabetes, hormone imbalances, neurological disorders?
4. What allergies do you have, including drug allergies?
5. Are you using any hormone replacement medications?

6. How many hours of sleep do you get per night?
7. Do you have any disability and accessibility needs I should be aware of?

Substance Use:

1. Please describe your past and current use of drugs, alcohol, cigarettes, and caffeine.
2. History of Treatment for Substance Use (Include details of any rehab or counseling):

Childhood/Developmental:

1. What was your childhood like, including family dynamics and significant events?
2. Did you experience any developmental milestones early or late, like walking or talking?
3. Were there any notable experiences or symptoms in your childhood related to mental, emotional, or behavioral aspects?

Family and Social:

1. Who is in your immediate family and what is your relationship like with each of them?
2. Are your parents together or separated? How has this affected you?
3. Do any family members have a psychiatric history or present illnesses?
4. Key Figures in Upbringing (Who “raised” you and their influence on you if other than parents):

5. Who did you look up to for support?
6. Do you still have a good connection with these supportive figures?
7. Could you provide a simple description of your family tree and cultural or ethnic background?
8. What is your or your family's history of immigration and acculturation?
9. What languages are spoken at home, and have you experienced any communication barriers?

Current Living Situation (if different than above):

1. Who do you live with now? Can you describe your household members, their personality, and their mental health issues, if any?
1. What is your relationship like with them? Are there any issues between you and them?
2. What are the Pros/Cons of this situation?

Personal Life/Social Contacts:

1. What do you consider to be your personal strengths? (Consider qualities, skills, or areas where you feel confident and successful.)
2. What challenges or difficulties do you currently face? (These could be in areas like coping strategies, interpersonal relationships, or managing emotions.)
3. How do you think others (friends, family, colleagues) would describe you?

4. In what areas do you think others might say you face challenges?
5. How is your daily personal hygiene?
6. Are you keeping your space clean/tidy?
7. Are you able to keep up with your Bills, Chores, Tasks, Homework, etc?
8. How do you spend your personal time? Please list your hobbies, sports, clubs, groups, family activities, and physical activity level.
9. Describe your social life outside of work or school. How many contacts do you have each month with friends? Are you satisfied with your relationships?
10. Who can you talk with about personal feelings or private matters?
11. Are you satisfied with your romantic life? Can you briefly describe what you like or dislike about your current romantic relationships and friendships?

COVID-19 Impact on your life:

1. How has COVID-19 affected your personal, professional, and social life?

Sexual Health:

1. What is your sexual orientation/identity/gender (e.g., straight, LGBTQQIA+, poly, kink etc.)?
2. Can you describe your sexual history, practices, and education (e.g., frequency, safety, risk behaviors)?
3. Do you have any questions, comments, or concerns regarding your sexual health?

Social:

1. How would you describe your social personality? (Introverted, extroverted, isolative, etc.?)
2. How much time do you spend on social media and screens?
3. Are you involved in any community activities or organizations?

Education / Work:

1. What is your highest level of education and any significant school experiences?
2. How did you perform in school, and what was your favorite subject or major?
3. Did you face any school issues or learning disabilities?
4. What has your work experience been like?
5. Can you describe your current work situation, including job role, work hours, and any work-related stress?
6. What are your future career goals and aspirations?

Religious and Spiritual Practices:

1. Detailed History and Current Practices (How these practices impact your life and well-being):
2. Role of Religion/Spirituality in Coping and Life Perspective:

Legal:

1. Please detail if you have any legal history or present actions/involvement, such as probation, parole, DUIs, Children & Youth/DHS, arrests, etc.?
2. Impact of Legal Issues on Current Life Situation:

Feedback, Preferences, and Additional Information:

1. Do you have any preferences or needs for your therapy process (e.g., a structured approach with clear goals, focus areas)?
2. Is there any additional information you think is relevant for me to know?
3. Do you have any questions or concerns about the therapy process or anything else?

Emergency Contact:

In case of an emergency, who should I contact? Please provide their name and contact information.

Emergency Information

- If you are in imminent danger or need immediate assistance, please call 911 or go to your local crisis center. Contacting this therapist via email, phone, or other means does not constitute a therapeutic relationship until after the first session and agreement to work together with all intake forms signed by both parties.

Confidentiality and Legal Statement

- This document is confidential and will be used solely for therapy purposes. It adheres to privacy laws and ethical guidelines. Please be aware of the limits of confidentiality, especially concerning disclosures of harm to self or others.

Thank you for filling this out and I look forward to speaking soon ~

Kim Wright, LCSW