



Out of all the people on the planet, you are the only one exactly like you. I've put together this questionnaire as a starting point to get to know you and your unique perspective on the world. So take your time and give it some thought. Every bit of this is important to understand how you got to where you are today. If you are filling this out for your child, do your best to answer, given what you know. If you are filling this out for yourself, do your best to answer all of the childhood questions that you can.

Client Name: _____

Date of Birth: ____/____/____ Current Age of Client: _____

Name of person completing this form: _____

Relationship to Client: _____

PRESENTING PROBLEM

Please describe the present problem (including when the problem started, how often it occurs, what stressors contribute to the problem, etc.)

What areas of life have been affected by this problem?

Please describe previous treatment for this problem:

What prompted you to get help now?



What prompted you to schedule with Whitney?

If you woke up tomorrow and the problem was not happening, how would things be different in your family?

What would you like to accomplish out of your time in therapy?

If you could change anything about your family, what would it be?

What have been some of the client's successful experiences and activities?

In what ways has the client contributed positively to the family atmosphere and environment?



What do you consider to be some of the client's strengths?

What do you consider to be some areas that you want to see improve with the client?

What are your hopes and dreams for the client?

Please check any of the following stressors that have been present for your family.

Family financial problems

Employment problems

Frequent moves

Child rearing problems

Frequent change of household

Other problem:

Health problems

Legal problems

Peer relationships

Abuse behavior

Family relationships

School problems

Drug or alcohol problems

Please describe any major losses or traumas the client has experienced.



Please describe any significant life changes or stressful events the client has experienced recently?

Please check ALL of the following symptoms you have observed AT THIS TIME. Put a check next to all that apply in the last year. Circle all that the client has reported but you have not observed.

- | | | |
|--|--|---------------------------------|
| Depressed mood | Use of other drugs (specify: _____) | Sexual questions |
| Diminished interest in previously pleasurable activities | Use of tobacco | Gender concerns |
| Difficulty falling asleep | Use of alcohol | Does not like body |
| Decreased energy | Makes careless mistakes | Binge eating |
| Change in appetite | Does not complete tasks | Self-induced vomiting |
| Hopelessness | Difficulty organizing | Laxative abuse |
| Pleasure in few activities | Forgetful | Excessive fasting |
| Weight change | Confusion | Intense fear of weight gain |
| Easily agitated | Disorientation | Impulsive behavior |
| Excessive worry | Compulsive checking/ counting | Recurrent distressing dreams |
| Irritability | Indecisiveness | Fearfulness |
| Difficulty concentrating | Emotionally distant | Self-harming behavior |
| Feelings of dread | Racing thoughts | Thoughts of death |
| Socially withdrawn | Engaging in risky or dangerous activities | Excessive chewing on items |
| Anxiety in social settings | Sexual activity | Clumsiness |
| | | Others: |



BOTHERSOME BEHAVIOR

Does the client engage in any behaviors that are destructive, bothersome, or otherwise unhealthy?

How do you or other family members feel when this behavior occurs?

What do you and family members do in response to the bothersome behavior?

What does the client do when corrected or criticized by you or others in the family?

What kinds of corrective action or discipline has the client received?

Are there other things for which the client receives corrective feedback from others?



FAMILY HISTORY

Please note: Any divorce decrees and/or custody papers must be provided PRIOR TO the intake appointment.

Please describe the client’s family of origin (i.e. two-parent family, adopted, in foster care, reared by family members, etc.), and explain the biological family, if different.

Please list all members of the family of origin household including non-custodial children.

| Name | Age | Occupation or Grade/School Name | Relationship | Where does this person live now? | 3 words or a song to represent this person |
|------|-----|---------------------------------|--------------|----------------------------------|--|
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Please describes the client’s current family constellation:

Please list all current members of the household including non-custodial children.

| Name | Age | Occupation or Grade/School Name | Relationship | Where does this person live now? | 3 words or a song to represent this person |
|------|-----|---------------------------------|--------------|----------------------------------|--|
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Where was the client born?

Where and with whom did the client grow up? (Please include ages if he/she moved more than once.)

Please describe the relationship between the client's legal guardians.

Who has custody of the client?

In the section below, identify if, to your knowledge, there is a family history of any of the following. If yes, please indicate the family member's relationship to the client in the space provided (father, grandmother, uncle, etc.)

| | Please check | List Family Member |
|-------------------------------|--------------|--------------------|
| Alcohol/Substance Abuse | | |
| Anxiety | | |
| Depression | | |
| Domestic Violence | | |
| Sexual Abuse | | |
| Eating Disorders | | |
| Obesity | | |
| Obsessive Compulsive Disorder | | |
| Schizophrenia | | |
| Suicide Attempts | | |
| Other (list): | | |

Do you consider your family to be spiritual or religious? If yes, please describe your faith or belief:



DEVELOPMENTAL HISTORY

Please give the following information as you know it:

Weight at birth: ____ lbs. ____ oz.

Please describe the pregnancy, including any major stressors, substance abuse, or health concerns.

Please describe the client's birth story including any complications.

Please describe any health problems the client experienced after birth.

Please check the following symptoms the client might have experienced as a toddler/elementary school child:

- | | | |
|--------------------------|------------------------|---------------------|
| Spinning | Excessive restlessness | Sensitive to |
| Hand flapping | Colic | light/noise/texture |
| Excessive chewing | Feeding problems | Fussy or unhappy |
| Excessive thumb sucking | Sleep problems | Difficulty bonding |
| Rocking or twirling | Head-banging | |
| Did not enjoy being held | | |

Please indicate the approximate age in months when the client achieved the following tasks:

_____ Sitting alone _____ Walking _____ Put words together _____ Toilet trained



SCHOOL/WORK HISTORY:

Please give a list of schools including dates attended for the client:

Please describe how the client does in school.

Please describe any learning disabilities, special education classes, IEPs, or 504 plans the client has been evaluated for and/or received.

Please describe any behavioral problems the client has experienced in school.

Please describe any disciplinary intervention the client has received from schools.

How do things go for the client at work or school?



What does the client like best at work or school?

What does the client like least about work or school?

What does the client's boss or teacher like about him or her?

What would the client like to change about work or school?

For what behaviors, habits, or patterns of interaction does the client receive corrective feedback at work or school?

Legal / Juvenile Court / Alabama State Department of Human Resources (DHR):

Please describe any client arrests as well as any court cases or jail time served.



Please give the name and contact information for the client's probation officer.

Please describe any DHR involvement with the family, including contact information for any involved DHR Social Workers.

Please describe any known abuse and neglect the client might have experienced.

MEDICAL HISTORY/PHYSICAL HEALTH

Past surgeries:

Please check any of the following conditions for which the client has received treatment:

- | | |
|---------------------------|-----------------------------|
| Neurological impairment | Asthma |
| Seizure disorder | Emphysema |
| Visual loss/impairment | Chronic bronchitis |
| Hearing loss/impairment | Tuberculosis/+PPD |
| Dementia | Cancer |
| GI disorder | Thyroid Disease |
| Obesity | Diabetes |
| Significantly underweight | Pregnancy |
| Cirrhosis | Irregular menstrual periods |
| Hepatitis | Musculoskeletal condition |
| Heart condition | HIV/AIDS/Related condition |
| Hypertension | Other |



Allergies (Please list all allergies):

Please list any medications herbs, or supplements. Be sure to include the condition, as some medications are prescribed for off-label use. Continue on the back if needed or provide a separate list. If you have a complicated medical profile, please supply supporting documentation to be able to facilitate a comprehensive understanding of your health.

| Medication/Supplement | Dosage | Condition | Prescribing Doctor & Phone Number |
|-----------------------|--------|-----------|-----------------------------------|
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Please explain any specific health problems the client is currently experiencing:

Please describe the client's sleep routine and any concerns:

Please describe any current or previous use of alcohol, cigarettes, and/or recreational drugs:



Social Health

Please answer these questions as it relates to the childhood of the client.

In their childhood, what did the client enjoy doing in their free time to have fun and relax?

In their childhood, how did the client get along with adults?

In their childhood, who was the client's favorite adult to be around?

As a child, what did the adult like about the client?

What did the client like about that adult?

During their childhood, who was the client's least favorite adult to be around?



What did that adult not like about the client?

What did the client not like about the adult?

As a child, how did the client get along with other kids their age?

What would you like to change about the client's relationship with peers?

During childhood, how did the client get along with younger kids?

As a child, how did the client get along with older kids?



During childhood, who was the client's best friend?

Describe the friend and what the client enjoyed doing with them.

If an adult, do you have a best friend?

Describe the friend and what you enjoy doing together.

VIDEO GAMES AND ELECTRONIC DEVICES

Describe the client's favorite video games.

What kinds of characters does the client choose to play as?

How much time each day does the client play games or use other electronic devices?



How do you decide how much time the client is allowed to play?

Does he/she play single-player or online?

Is the client a member of Discord or other forums for gamers?

Describe the client's behavior when asked to stop playing and do something else.

Describe the client's behavior when they get frustrated with the game.

Signature of person completing form:

I have answered all of the above questions honestly and to the best of my knowledge. I have provided DFHS with all custody papers, divorce decrees, and supporting documentation.

_____ **Date:** _____