Women's Wellness Center Mental Health Counseling Questionnaire

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Today's Date: ________________

Full Name: ____ DOB: _____________ Age: ________

GENERAL INFORMATION: (Check all that apply to you)

☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed
☐ Disabled ☐ Employed ☐ Unemployed ☐ Student ☐ Retired

Educational Information:
Highest school grade completed (circle one) 8 9 10 11 12 years of college 1 2 3 4 advanced degree ___________
Have you ever experienced learning difficulties or educational problems as a student? ☐ Yes ☐ No

EMPLOYMENT HISTORY:

	Type of work	Length of time	Feeling about job
Current job:	__________________________	__________________________	______________________________

HOUSEHOLD INFORMATION (check all that apply to you) In **my home, I live with…**

☐ Spouse ☐ Significant other ☐ Brother/sister ☐ Aunts/uncles ☐ Cousins
☐ Mother ☐ Father ☐ Foster parents ☐ Maternal Grandparents ☐ Paternal Grandparents
☐ Stepmother ☐ Stepfather ☐ Child(ren) ☐ Stepchildren
☐ Other (explain) ____

If you have children, how many do you have and what are their ages? ____

Medical History:
Are you currently on prescription medication? ☐ Yes ☐ No If yes, list meds: _____________________________________
____

If so, please list name and phone number of prescribing physician: ____
Have you ever had any serious medical problems? ☐ Yes ☐ No
If yes, describe the problem(s): ____
____

Have you ever experienced any of the following medical problems?

☐ Blackouts ☐ Shakes ☐ Manic episodes ☐ Head injury ☐ Hospitalization
☐ Nightmares ☐ Depression ☐ Panic attacks ☐ Compulsions/obsessions ☐ Addictive behavior
☐ Other (explain) ____

SOCIAL/EMOTIONAL INFORMATION: (check all that apply) **I need help with…**

☐ Parent/child conflict ☐ Not liking myself ☐ Feeling confused ☐ Eating disorder/weight loss
☐ Marital problems ☐ Being taken for granted ☐ Feeling lonely ☐ School/work performance
☐ Money problems ☐ Being sexually active ☐ Feeling angry or violent ☐ Smoking
☐ Poor communication ☐ Being overly sexually active ☐ Feeling tense/anxious ☐ Not sleeping
☐ Trauma ☐ Being sad or depressed ☐ Feeling like sex is a chore ☐ Dealing with legal authorities
☐ Self-esteem issue ☐ Being afraid ☐ Feeling unlovable ☐ Sexually transmitted disease
☐ Wanting to hurt myself, someone else or something ☐ Myself or family member abusing alcohol or drugs

ADDITIONAL INFORMATION: (Answer all that apply to you)

☐ Yes ☐ No Have you or any family member ever been affected by alcohol and/or drug abuse?

☐ Yes ☐ No Have you or any family member ever been addicted to prescription drugs?

☐ Yes ☐ No Have you been abused in any way? If so, How? ____________________

☐ Yes ☐ No Are you being abused now? If so, how and by whom? ____________________

SPIRITUAL INFORMATION:

Is spirituality/religion a part of your life? ☐ Yes ☐ No

If so, how is this relationship helpful to you? ____________________

To which church do you claim membership? ____________________

☐ Active ☐ Moderate ☐ Inactive

Reasons for Seeking Services at this time:

____

____

____

____

How have you tried to solve this problem and how effective was it? ____________________

____

____

____

Have you previously participated in counseling, therapy, or psychological services? If so, please describe concerns, number of visits and approximate dates of those services.

____

____

____

Was it helpful? ____________________

Family Mental Health History:

____

____

____

____

LEGAL HISTORY:

If you have been in trouble with the authorities, please answer the following question:

Do you have any current legal issues pending? Explain: ____________________

____

____

MISSED APPOINTMENTS:

Please call at the earliest possible time to let us know if you cannot keep your scheduled appointment. When a patient misses an appointment without notice, it prevents our counselor from being able to help another patient who might have been cared for during that scheduled time. Therefore, any patient who does not give at least 24 hours notice prior to missing a scheduled appointment may be subject to a $60 fee, which must be paid before scheduling another appointment.

Please initial here to indicate you have read and understand the policy on missed appointments: ________