Simplicity Counseling Services, PLLC

696-A North Spence Avenue, Goldsboro, NC 27534 * (919)330-4147

CLIENT QUESTIONNAIRE

Name _____ Age___ Occupation_____

Married _____ if so how long? _____

Briefly describe the problem or situation which leads you to seeking our service: _____

_____

_____

_____

_____

How long has this been a problem? _____

Have you seen a therapist before concerning this problem? _____ If yes, how long and why did treatment end? _____

_____

Check any of the following that you are currently feeling or dealing with:

- ☐ Unhappy
- ☐ Irritable
- ☐ Withdrawn
- ☐ Angry
- ☐ Fearful
- ☐ Distractible
- ☐ Paranoid
- ☐ Impulsive
- ☐ Stressed
- ☐ Grieving
- ☐ Panic Attacks
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Substance Abuse
- ☐ Social Problems
- ☐ Marital Problems
- ☐ Sexual Problem
- ☐ Suicidal Thoughts
- ☐ Homicidal Thoughts

Are you currently taking any medication for psychiatric or emotional difficulties? _____

If yes, who is prescribing physician _____ List the names of the medications you are currently taking or prescribed _____

_____

Do any of your family members share in the same, or similar, problems you experience? _____

If so, which family member and what kind of problems? _____

_____

Please list members of your immediate family:

Name _____ Age: _____ Relationship to you _____

Name _____ Age: _____ Relationship to you _____

Name _____ Age: _____ Relationship to you _____

Name _____ Age: _____ Relationship to you _____

Name _____ Age: _____ Relationship to you _____

What are your goals for therapy? What do you hope to gain out of this experience?_____

_____

_____

_____

_____

_____