

Client ID: \_\_\_\_\_

Tess Cialdini, LCSW, LCAS  
**CLIENT QUESTIONNAIRE**

Please take a few minutes to complete this form. If you have any questions or don't know what to write, please feel free to leave the space blank until we meet.

**Today's Date:** \_\_\_\_\_

**Information About You:**

<b>First Name:</b>	<b>Middle:</b>	<b>Last Name:</b>
<b>Date of Birth</b> ( <i>mm/dd/yyyy</i> ):		
<b>Phone Number(s)</b> ( <i>home, cell, work</i> ):		
<input type="checkbox"/> Check here if it's ok for your therapist to call you here <input type="checkbox"/> Check here if it's ok for your therapist to leave messages here <input type="checkbox"/> Check here if you would like to receive text reminders about your next appointment	<b>Is there anything I need to know about contacting you at this number?</b>	
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Emergency Contact Name:</b>		<b>Relationship to You:</b>
<b>Emergency Contact Phone Number(s):</b>		
<b>Health Care Providers' Name(s)/Phone Number(s):</b>		
<b>Current Medications:</b>		
<b>Have you seen a counselor/therapist in the past?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <i>(if yes, please provide the name or agency)</i>	<b>Are you currently seeing another counselor/therapist?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <i>(if yes, please provide the name/agency and phone no.)</i>	
<b>If you have been in counseling or therapy in the past, what was helpful?</b>		
<b>What was not helpful?</b>		

<p><b>Age:</b> _____</p> <p><b>Gender:</b></p> <p>1 Female                  2 Male                  3 Trans: <i>[specify _____]</i>                  4 Other: <i>[specify _____]</i></p> <p><b>Ethnic/Cultural Background:</b></p> <p>1 African-American                  2 American Native/Alaskan Native                  2a Tribal Member? <input type="checkbox"/> Y <input type="checkbox"/> N                  2b Tribe: _____                  3 Asian/Pacific Islander                  4 Latino/Latina/Hispanic                  5 Mixed Race <i>[specify _____]</i>                  6 White                  7 Other: <i>[specify _____]</i>                  8 Country of Origin: <i>[specify _____]</i></p> <p><b>Primary Religious/Spiritual Orientation:</b></p> <p>1 Buddhist                  2 Christian                  3 Hindu                  4 Jewish                  5 Muslim                  6 Other: <i>[specify _____]</i>                  7 None</p> <p><b>Sexual Orientation:</b></p> <p>1 Gay                  2 Lesbian                  3 Bisexual                  4 Heterosexual                  5 Other: <i>[specify _____]</i></p> <p><b>Veteran:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Disabled:</b>    Please list any disability that you may have that you would like me to know about: _____</p>	<p><b>Relationship Status:</b></p> <p>1 Single                  2 Married/Common Law/Domestic Partnership                  3 Divorced                  4 Widowed                  5 Partner/Significant Other                  6 Separated                  7 _____</p> <p><b>Number of Children</b> <i>(please circle one)</i>:</p> <p>0    1    2    3    4    5-7    more than 7</p> <p><b>Language Spoken in Home:</b></p> <p>1 English                  2 Spanish                  3 Chinese                  4 Japanese                  5 Other: <i>[specify _____]</i></p> <p><b>Highest level of education completed:</b></p> <p>1 11<sup>th</sup> grade/under                  2 High school diploma/GED/Voc/Tech.                  3 Some college or AA degree                  4 BA/BS degree                  5 Graduate degree</p> <p><b>Employment Status:</b></p> <p>1 Employed full-time (36 hrs. or more per week)                  2 Employed part-time (less than 36 hrs. per week)                  3 Unemployed                  4 Student                  5 Other <i>[specify _____]</i></p> <p><b>Occupation:</b> _____</p> <p><b>Major</b> (if student): _____</p>
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**Other Information**

Who lives in your home and what is their relationship to you?			
	Name	Age	Relationship to you
1			
2			
3			
4			
5			

Please answer each of the following questions. However, feel free to leave blank those questions you do not wish to answer at this time. I may discuss some responses with you.

1	Have you or anyone close to you had any recent changes, such as job loss, recent moves, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**I Want To Understand The Following About You....**

**Please describe your reason for seeking therapy at this time:**

**Who is involved and/or aware of these factors in your life?**

**Whatever your reason(s) for seeking counseling, how long has this influenced you/your life?**

**What have you tried to do to resolve these matters on your own? In what way(s) was this helpful?**

**What are your thoughts about how I might be of help?**

**Anything else I should know about you?**

**How were you referred to me? (please check)**

My website\_\_\_\_ Treatment Facility\_\_\_\_ Psychology Today Profile\_\_\_\_ Another therapist (please list name)\_\_\_\_\_

From somewhere else (please list)\_\_\_\_\_

**Thank you for taking the time to fill this out.**