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New client questionnaire

Welcome! Please tell me about yourself

Date: _____ Name: _____
Date of Birth: _____ Age: ____ Gender: _____ Preferred pronoun/s _____
Address: _____
City, State, Zip Code: _____
Phone: _____ Alternate phone: _____
Best times to reach: _____ Email: _____
Which way/s may I contact you confidentially? _____

How did you find me? _____
Whom may I thank for a referral? _____

Have you had any major life changes and stressors in the past year?

What brings you to therapy at this time? _____

Please think about this carefully before our first session:

What would you like to be different in your life by the end of our sessions? _____

Current work and relationships:

Who is your current employer? _____
What kind of work do you do? _____

Your relationship status (married, single, significant partner)? _____

Do you have children? (Names, ages) _____

Your living arrangements – roommates, children, partner, spouse _____

Emergency Contact Name: _____

Phone Number: _____ Relationship to you _____

Medical & prescriptions:

Name and phone of your primary care doctor _____

Name and phone of your psychiatrist or prescriber _____

Mental Wellness

Name _____ Date _____

Are you taking medications that help your mental wellness? Yes No

If so, which? _____

Have you taken medications for mood in the past? Yes No

If so, which ones? _____

Have you seen a therapist or psychiatrist in the past? Yes No

When? Was it helpful and in what way? _____

Have you ever been hospitalized for mental health? Yes No

If so when? _____ For what symptoms? _____

Past and present mental health diagnoses?

Have you ever had a head injury? Yes No

If so, did you have changes in your cognitive abilities or learning style?

Do you ever see or hear things that aren't there? Yes No

Have you ever intentionally hurt yourself? By cutting? Or? Yes No

Have you ever tried to kill yourself? Yes No

Have you ever had periods of your life where you felt like you didn't need to sleep, engaged in risky, compulsive behaviors? Yes No

Are you feeling depressed, hopeless or apathetic? Yes No

If so since when? _____

Are you feeling anxious? Yes No

If so, since when? _____

Have you ever had panic attacks? Yes No

Do you drink alcohol? Yes No

If so, what kind and how much?

Do you use marijuana? Yes No

If so, how frequently? _____

Do you use unprescribed drugs? Yes No

If so, what kind and frequency?

Have you ever sought treatment for a substance use problem? Yes No

Is there anything else you would like me to know?
