

BLAKE P. MITCHELL, PhD

Confidential questionnaire: Individual Adult Form

*The purpose of this questionnaire is to obtain a comprehensive picture of your current circumstances. Your answering of these questions as fully and accurately as possible will facilitate the initial evaluation and make better use of our time. If there are questions on this form that you do not wish to or cannot answer, feel free to leave them blank.

Name: _____ Date: _____

Address: _____ Phone #: _____

Age: _____ Marital Status: _____ Occupation: _____

Please list the problem(s) with which you want help:

1. _____

How long has this been a problem? _____

2. _____

How long has this been a problem? _____

3. _____

How long has this been a problem? _____

Have you had previous counseling or other psychological treatment(s)?

Yes _____ No _____

If so, where and when was this received? For what problems?

