BLAKE MITCHELL & ASSOCIATES
Clinical & Forensic Psychology

INDIVIDUAL ADULT QUESTIONNAIRE (CONFIDENTIAL)

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

First and last name (please print clearly) _____ Date _____

Address _____ Phone number (_____) _____

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?

_____
_____
_____

Was the previous counseling or other psychological treatment(s) helpful? ☐ Yes ☐ No

How would you rate your health? ☐ Good ☐ Fair ☐ Poor

Date of last physical exam: _____

Please list any major accidents or illnesses (age, hospitalizations, etc.) _____

_____

_____

_____

Check all that apply to you:

☐ I have headaches once a week or more
☐ I have gained 10 lbs. or more within the past 2 months
☐ I have lost 10 lbs. or more within the past 2 months
☐ I have difficulty falling asleep
☐ I wake up frequently during the night
☐ I wake up very early and can't get back to sleep
☐ I feel tired much of the time
☐ I have a hard time concentration
☐ My memory is not as good as it used to be

Please list any medications you are currently taking _____

_____

_____

Check all the feelings that you <u>often</u> have:

☐ Happy	☐ Sad	☐ Angry
☐ Irritable / "Touchy"	☐ Anxious	☐ Bored
☐ Confused	☐ Confident	☐ Shy
☐ Energetic	☐ Guilty	☐ Depressed
☐ Worried	☐ Lonely	☐ Worthless

DRUG AND ALCOHOL USE

How often do you drink alcoholic beverages? _____

_____

How much do you drink during a "normal" evening? _____

_____

Do you use tobacco products? If so, how much and how often? _____

_____

_____

_____

Do you currently use, or do you have a history of illicit drug use? If so, what type of drug(s), when and how often?

_____

_____

_____

FAMILY INFORMATION

Please list all persons currently living in your home:

Name	**Age**	**Relation**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any previous counseling, or other psychological services, received by family members:

_____

_____

_____

Briefly describe your relationship with your mother:_____

_____

_____

Briefly describe your relationship with your father:_____

_____

_____

Briefly describe the relationship(s) with other members of your household:_____

_____

_____

EDUCATIONAL HISTORY

Highest level of education, where, year:_____

How well did you do in school?_____

MISCELLANEOUS

Please list any major changes in your life over the past five years:_____

_____

_____

Is there anything else you want me to know about you?_____

_____

_____