

## Intake Questionnaire

**Personal:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender/ Pronouns: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ How were you referred to me? \_\_\_\_\_

Please tell me briefly about what is bringing you in: \_\_\_\_\_

\_\_\_\_\_

**Psychological:**

Prior episodes of mental health treatment? (provider & dates) \_\_\_\_\_

\_\_\_\_\_

If so, what was helpful? \_\_\_\_\_

If so, what was not helpful? \_\_\_\_\_

Any previous known diagnoses \_\_\_\_\_

Any thoughts about hurting yourself or anybody else? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Any history of mental health issues within your family? \_\_\_\_\_

**Family:**

If you are currently married or partnered, for how long, and how would you describe that relationship? \_\_\_\_\_

\_\_\_\_\_

Please list any children, with their ages: \_\_\_\_\_

How would you describe your childhood? \_\_\_\_\_

Who are you closest to emotionally within your family of origin, and where do they live? \_\_\_\_\_

Who could you turn to for emotional support? \_\_\_\_\_

Was there any type of abuse (physical/sexual/emotional) experienced while growing up? \_\_\_\_\_

\_\_\_\_\_

**Education / Employment:**

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Envision Therapies  
(206)473-2435  
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Highest Level of Education Completed: \_\_\_\_\_  
Present Occupation/Employer: \_\_\_\_\_ Do you like your job? \_\_\_\_\_  
If not employed, your most recent employment was? \_\_\_\_\_

**Health:**

Any current/ongoing/previous medical problems? \_\_\_\_\_  
How many hours of sleep do you get per night/day? \_\_\_\_\_  
Are you satisfied with your weight? \_\_\_\_\_  
Please list any current medications: \_\_\_\_\_  
Any history of medical problems within your family? \_\_\_\_\_

**Substance Use:**

Smoker (Yes/No) If yes, how much? \_\_\_\_\_  
Describe alcohol use: \_\_\_\_\_  
Describe marijuana use: \_\_\_\_\_  
Have you ever felt like alcohol or other drugs have been a problem for you, including prescriptions?  
\_\_\_\_\_  
Have you ever sought treatment for alcohol or drug use? \_\_\_\_\_  
Do you think you might currently have a problem with any drugs? \_\_\_\_\_  
Do you think you might currently have a problem with any behaviors? (gambling, internet use, sexual addiction, shopping, etc.)? \_\_\_\_\_  
Has anyone in either your primary relationships or your family of origin had any substance or behavioral abuse issues, and if so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other information that might be useful for me to know?**

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