Client Questionnaire

LAKE CITY COUNSELING, LLC
2829 Royal Ave. Suite 200
Madison, Wisconsin 53713
(608) 661-2829

Name:

What are you seeking help for at this time? (Briefly describe specific problems)

Who were you referred by? _____

Check all symptoms are you <u>currently</u> experiencing:

☐ Depressed mood	☐ Grief	☐ Obsessive thoughts
☐ Lack of appetite	☐ Hopelessness	☐ Overeating
☐ Social isolation	☐ Suicidal thoughts	☐ Difficulty falling asleep
☐ Feelings of worthlessness	☐ Anger outbursts	☐ Memory problems
☐ Trouble staying asleep	☐ Sleeping more than normal	☐ Flashbacks
☐ Fatigue/low energy	☐ Feelings of guilt	☐ Manic episodes
☐ Poor concentration	☐ Feelings of wanting to harm yourself	☐ Restless
☐ Mood swings	☐ Significant weight gain or loss	☐ Anxiety
☐ Agitated	☐ Excessively emotional	☐ Other _____
☐ Irritable	☐ Panic attacks	

Have you ever been in counseling before? ☐ Yes ☐ No

If yes, when, where and with whom? _____

If you are currently taking any medication(s) please list them below:

Medication	Dosage	Start date	Physician	Beneficial?

Do you have any medical concerns? ☐ Yes ☐ No

If yes, what are they? _____

SUBSTANCE USE HISTORY

Check the box for each family member(s) that have a history of substance abuse:

☐ Father	☐ Step-parent	☐ Children
☐ Mother	☐ Uncle(s)	☐ Sibling(s)
☐ Grandparent(s)	☐ Aunt(s)	☐ Spouse/significant other

Check the box for all substances that have been a problem for you at all <u>throughout your life</u>:

☐Alcohol
☐Amphetamines/speed
☐Barbiturates/downers
☐Caffeine
☐Cocaine
☐Crack Cocaine
☐Hallucinogens (e.g. LSD)
☐Inhalants (e.g. glue, gas)
☐Marijuana
☐Nicotine/cigarettes
☐Opiates

Check the box for all substances that are <u>currently</u> a problem for you:

☐Alcohol
☐Amphetamines/speed
☐Barbiturates/downers
☐Caffeine
☐Cocaine
☐Crack Cocaine
☐Hallucinogens (e.g. LSD)
☐Inhalants (e.g. glue, gas)
☐Marijuana
☐Nicotine/cigarettes
☐Opiates

Substance abuse treatment history:

☐ Outpatient treatment; dates: _____
☐ Inpatient treatment; dates: _____
☐ Stopped on own; dates: _____
☐ 12-Step meetings

Consequences of substance use:

☐ Hangovers	☐ Sleep disturbance
☐ Blackouts	☐ Suicidal thoughts
☐ Medical conditions	☐ Binges
☐ Tolerance changes	☐ Job loss
☐ Relationship loss/issues	☐ Arrests/legal issues

Have you been the victim of physical or emotional abuse?
☐ Yes ☐ No ☐ Not sure

Have you been the victim of sexual abuse?
☐ Yes ☐ No ☐ Not sure

Have you ever been charged with a crime?
☐ Yes ☐ No If yes, please explain.

Are you currently on probation or parole? If so, what is your agent's name and contact information?

_____

What is the highest level of education you have completed? _____

What is your occupation? _____

How is your relationship with your (circle one for each):

Partner?	Very poor	Poor	Fair	Good	Excellent
Children?	Very poor	Poor	Fair	Good	Excellent
Parents?	Very poor	Poor	Fair	Good	Excellent
Siblings?	Very poor	Poor	Fair	Good	Excellent
Boss?	Very poor	Poor	Fair	Good	Excellent

FAMILY INFORMATION

Father's name _____ Mother's name _____

Step-father's name _____ Step-mother's name _____

Sibling's name _____ Sibling's name _____

Sibling's name _____ Sibling's name _____

Are you currently married/in a relationship? ☐ Yes ☐ No If yes, please answers the questions below that apply:

Partner's name _____ Length of marriage/relationship: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

If you are currently in a relationship are you (please check one):

☐ Very satisfied with relationship
☐ Satisfied with relationship
☐ Somewhat satisfied with relationship
☐ Dissatisfied with the relationship
☐ Very dissatisfied with relationship

Previous marriages/relationships:

Partner's name _____ Length of relationship and end date: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

Partner's name _____ Length of relationship and end date: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

Child's name _____ Age: _____ Physical Placement: _____

_____ _____

Signature Date