

Suda Centers

16055 Ventura Blvd., Ste. 1010
Encino, CA 91436
(818) 404-0459

INITIAL INTERVIEW QUESTIONNAIRE

Date: _____

Legal Name: _____ Preferred Name: _____

Pronouns: _____

Home Address: _____

Cell phone number: _____ message okay: Y N

Age: _____ DOB: _____

Relationship Status: single married divorced separated widowed long-term partner

Sexual Orientation: heterosexual gay lesbian pansexual bisexual other prefer not to say

Names and ages of any children:

Names and ages of persons living in your home and your relationship to them:

Emergency contact: _____ cell number: _____

How is this person related to you: _____

Have you ever been in psychotherapy or counseling before? Y N

If yes, when and for what purpose: _____

Please describe the issues/symptoms that bring you into therapy at this time: _____

Please describe the following as good, fair, or poor:

Sleep _____

Appetite _____

Energy level _____

Job/Career satisfaction _____

Interest in hobbies or activities that you have traditionally found enjoyable _____

Have you experienced...

Suicidal thoughts? Y N Homicidal thoughts? Y N Changes in weight? Y N

Nightmares? Y N Anxiety? Y N Restlessness? Y N Sadness/crying spells? Y N

Are you currently taking any medications for anxiety, depression, or other medical conditions? Y N

If yes, please list the medication and the prescribing physician: _____

Please list any recreational substances used (including alcohol and cigarettes) and how often used:

Have you ever experienced mental, physical or sexual abuse? Y N If yes, briefly describe: _____

Have you ever physically harmed or been harmed by anyone? Y N If yes, please specify: _____

Have you ever been arrested for a serious crime? Y N

Has anyone in your family had a diagnosed psychological problem or history of substance abuse? Y N

If yes, please specify: