

**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: \_\_\_\_\_

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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:

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

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

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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: