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This is a confidential questionnaire that will provide me with information that will be helpful in your therapy. **If there are questions that you would rather not answer, leave them blank.** Use the back of these pages, or attach extra pages if necessary. Please bring this to our next session.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home)\_\_\_\_\_ (cell)\_\_\_\_\_ (work)\_\_\_\_\_

Can I leave a message at any of the above? \_\_\_\_\_

e-mail: \_\_\_\_\_

How did you hear of me? \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What brings you in to therapy at this time?

2. How will you know therapy has helped you? How will you and your life be different? What are your therapy goals?

3. Names, ages and a brief description of the people you live with.

4. Education (list degrees and courses of study).

5. Work history, degree of satisfaction with jobs.

6. Health history (significant past and present health concerns, current medications, including supplements). Have you ever been given a psychiatric diagnosis? Medication for that?

7. Do you have problems with:

\_\_\_\_\_ Alcohol

\_\_\_\_\_ drugs or cigarettes

\_\_\_\_\_ sexual issues

\_\_\_\_\_ depression

\_\_\_\_\_ body image

\_\_\_\_\_ insomnia

\_\_\_\_\_ PMS

\_\_\_\_\_ anger

\_\_\_\_\_ moods

\_\_\_\_\_ anxiety

8. Family of Origin

A. What kind of relationship did/do you have with:

Your Mother:

Your Father:

Your Siblings:

Other significant people:

B. What was the mood of the house as you were growing up?

C. Have you even been sexually or physically abused? Tell me a little about it, if so.

D. List the main traumas in your life and the age they occurred at.

9. Relationship History (choose the most important relationships) Names, dates, brief descriptions of partners and basic qualities of the relationship.

10. What are your intimacy issues, patterns and trends?

11. Describe yourself, including positive and negative traits.

12. Have you ever made a suicide attempt? \_\_\_\_\_ Please give details:

13. What do you need and want from me? What do you know works or doesn't work for you?

14. What has been your experience with therapy before? What helped, or didn't help?

15. Anything else you want me to know?

16. Let's look at your diet and life-style...

a. How often and what kind of sugar do you eat?

b. How often and what kind of protein do you eat?

c. Tell me about your food habits in general, such as a typical day's food and foods you eat a lot of (i.e. ice cream every night, soda in the afternoon, alcohol, etc.)

d. What are your issues and feelings about food?