

PRE-COUNSELLING QUESTIONNAIRE

Please complete this questionnaire, as best you can, and bring it with you to your first appointment.

Date: _____

Name: _____

Name of Parent/Guardian (if under 18 years): _____

Date of Birth: _____

Physician's Name and Phone Number: _____

CONTACT INFORMATION

Address: _____

Telephone: Home () _____ - _____ Alternate (Cell/Work) () _____ - _____

What is the best number to contact you at? () _____ - _____

Is it okay to leave a message at the phone numbers provided? _____

E-mail: _____ May we email you? _____

EMERGENCY CONTACT PERSON

Name: _____ **Relationship:** _____

Phone: () _____ - _____

PRESENT CONCERNS AND HISTORY

1. What is the concern, issue, or problem that is bringing you to counselling? If more than one issue is present, please list all that apply.

2. How long have you been experiencing this problem? Has it gotten better, worse, or stayed the same over time?

3a) On a scale of 1 to 10, 1 being no problem at all, how severe is the problem now?__

3b) What makes this so? (e.g. what makes it feel like an 8/10 right now)

4. Please describe your current symptoms. What do you notice?

a) Mentally (e.g. focus/concentration, types of thinking):

b) Emotionally (e.g. dominant moods, fluctuations, intensity, duration):

c) Physically (e.g. aches/pains/body sensations, energy levels, sleep, appetite):

d) Behaviorally (how are you responding in different situations):

5. How is this problem currently impacting your life? What do you notice...

a) At home, work, school:

b) In your relationships:

5a) Have you been given any diagnoses by a medical/health professional? (medical, behavioral, learning, mood, etc.)

5b) Are you currently taking any medication/supplements/herbs etc.? Please list.

6. What significant life changes, events or stressors have you experienced (childhood, adolescence, adulthood)?

7. What are your hopes and wishes for resolving this problem? How will you know that you are resolving this issue in your life?

What will be different in the above areas when you have overcome this issue?

8. Prior to coming for counselling, people will often try a variety of strategies to solve the problems in their lives?

What things have you tried in attempt to resolve the issue that is bringing you to counselling? What has been helpful up to this point?

9. What positive supports do you have in your life? This could be friends/family/pets, hobbies or activities you enjoy, healthy routines, community resources and supports, etc. Please include past supports/activities as well.

Thank you kindly for taking the time to work through these questions.



Serving Durham Region and Northumberland County

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