

Joyce Hopkins, Psy.D.

CLINICAL INTAKE QUESTIONNAIRE

Please answer all of the questions on the following pages. The information you provide will become part of your confidential record with this office and will not be released to anyone without your written permission.

Name _____ Date of birth _____

Age _____ Gender _____

Marital status _____ Name of spouse/partner _____

Your occupation _____ Employer/school _____

What is the primary reason for your visit at this time?

List the three behaviors or symptoms that concern you the most. Start with the most troubling first and work your way down.

When did you first notice having these behaviors or symptoms?

What are you most worried might happen if things continue as they are?

What are the most stressful things in your life that are affecting you right now?

Did you ever have similar behavioral or emotional problems that concerned you when you were younger?

If yes, please describe these problems, when they occurred, and what was done about them?

Have you ever seen anyone for help with behavioral or emotional problems? _____

If so, how old were you at the time? _____

Who did you see? _____

Did it help? _____

Have you ever taken medicines to help with behavioral or emotional problems?

If yes, how long ago? _____

Please list the medicines you have taken in the past (not your current medication):

<u>Name of medication</u>	<u>Dose (mg)</u>	<u>How many times per day</u>
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List any medical problems for which you are currently being treated. Please indicate if a problem has been ongoing requiring regular or periodic care.

List any past hospitalizations you have had for medical, surgical, chemical dependency, or psychiatric reasons.

List any medications to which you are allergic or that you could not take due to intolerable side effects.

Please list all medications you are **currently taking**. Include birth control, vitamins, and over the counter drugs. Please include the name of the prescribing doctor.

<u>Name of medication</u>	<u>Dose (mg)</u>	<u>How many times per day</u>	<u>Prescribing doctor</u>
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