

# New Client Questionnaire

Please complete the following questions as fully and as honestly as possible in order to help me better understand your reasons for seeking therapy and to get to know you.

Name \_\_\_\_\_ Date \_\_\_\_\_

May I ask how you heard of me? \_\_\_\_\_

Have you received any mental health services before? \_\_\_\_\_

If yes, what type of services? \_\_\_\_\_

When and where did you receive the above service(s)? \_\_\_\_\_

How many different Therapists have you seen? \_\_\_\_\_

Therapist's name (optional) \_\_\_\_\_

What did you find **most helpful** in therapy? \_\_\_\_\_

What did you find **least helpful** in therapy? \_\_\_\_\_

As you see it, what is bothering you most right now? \_\_\_\_\_

\_\_\_\_\_

Has anything like this happened before? \_\_\_\_\_ When? \_\_\_\_\_

What led you to seek help at this time? \_\_\_\_\_

\_\_\_\_\_

How would you like to change things? \_\_\_\_\_

\_\_\_\_\_

What do you do to help you feel better? \_\_\_\_\_

What was the happiest time in you life? \_\_\_\_\_

What was the **worst** time of your life? \_\_\_\_\_

Ideally, what would you like to get from therapy? \_\_\_\_\_

\_\_\_\_\_

Please add any additional information which you feel may be important for me to know. \_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete this questionnaire.**