LaQuanda Jefferson MA., MFTI, NP
Owner/Psychotherapist
Familial Bonds LLC Psychotherapy and Consultation Services
"We believe in you"

Initial Client Questionnaire

Client name: _____ Date of Birth: _____

General Inquiry

1. How did you hear about us?
2. What is the reason for your appointment today?
3. How many psychotherapists/counselors have you seen in past for this problem and related problems?
4. What has been your past experience in psychotherapy/counseling so far?
5. Have you even been diagnosed with a mental illness? Yes / No
6. Are you presently in psychotherapy/ counseling with anyone? Yes / No
7. If Yes, Who?
8. Any previous psychological testing? _____ Do you have reports? ____
9. Have you been hospitalized for psychiatric problems? Yes / No.
10. If yes, how many times? ___ . When was the last time? _____
11. What is your opinion of psychiatric medications?
12. How many psychiatrists have you seen previously for medication management? _____
13. What has been your experience with medication so for? _____
14. Have you attempted suicide in the past? Yes / No
15. Do you physically hurt yourself? Yes / No
16. Do you have thoughts of seriously harming yourself or others now? Yes / No
17. What is your education level? _____

Symptoms

1. Have you been down, depressed, or hopeless in the past month?
2. Are you bothered by little interest or pleasure in doing things?
3. Has your appetite changed (eating more or less)?

P. O Box 5191 Douglasville, Ga 30154 (678) 468-0442
doclqj@familialbonds.org www.familialbonds.org
"Achieving long-standing results for individuals and families"