INTAKE QUESTIONNAIRE

General information  [ ] M  [ ] F  Age ______  Ethnicity__________

[ ] Married  [ ] Partnered  [ ] Single  [ ] Divorced  [ ] Widowed

Living arrangements________________________________________

Career____________________________________________________

Health  [ ] Excellent  [ ] Good  [ ] Fair  [ ] Poor

Medical concerns:__________________________________________

Medications:______________________________________________

Behaviors: [ ] Smoking  [ ] Alcohol  [ ] Drugs  [ ] Other ______

Family of origin  Parents: [ ] Married  [ ] Divorced  [ ] Stepparent(s)

Father’s parenting style, major characteristics:________________________

_______________________________________________________

Mother’s parenting style, major characteristics________________________

________________________________________________________

Number of siblings________ Client’s birth order__________________

Religious upbringing:________________________________________

Significant childhood experiences

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<th>Age</th>
<th>Bad/negative/sad/disturbing</th>
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