

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

Good/happy/positive	Age	Bad/negative/sad/disturbing	Age
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