Teri Sorkin, M.A., MFT
Marriage and Family Therapist #49267
925.826.3853

Getting Started

Please take a few minutes to fill out this questionnaire for me. To begin our work together it will be helpful in to gather background information and any particular concerns about counseling you may have. Feel free to use extra space to write any thoughts, concerns, or to add comments and extra information. Thank You.

Name _____ Date of Birth_____

1. Have you ever used counseling services before? ☐ Yes ☐ No
   If yes, when _____ and for how long _____
   What was the outcome? _____

2. Please describe your present concern in a few sentences:
   _____
   _____
   _____

3. What is your goal for our work together? Please be specific.
   _____
   _____
   _____

4. How have you tried to deal with your current concern?
   _____
   _____

5. What has worked best? _____

6. Did anything not work? _____

7. Are you currently using any recreational substances? What type, how much and how often? _____
   _____

8. How much alcohol do you drink per day? Per week? _____

9. Have you previously used alcohol/other substances & discontinued them? ☐ Yes ☐ No
   If yes, please explain: _____

10. Is your life currently affected by the alcohol or substance use of others? If so, Who?
    _____

11. Is there any alcoholism, drug addiction or mental health issues in your family history?
    _____

12. Are you currently taking any prescribed medication? ☐ Yes ☐ No
    If yes, please list all medication: _____
    _____
    Who is your prescribing doctor(s)? _____

13. Have you even considered suicide? ☐ Often ☐ Sometimes ☐ Once ☐ No

14. Have you ever had a suicide attempt? ☐ Yes ☐ No
    If yes, please explain: _____

15. Have you ever had a psychiatric hospitalization? ☐ Yes ☐ No
    If yes, please explain: _____

16. Does any of your family, friends, or colleagues know that you are seeing a therapist?
    ☐ Yes ☐ No
    If yes, are they supportive? _____

17. Do you exercise? ☐ Yes ☐ No How often? _____

Any other thoughts, information, concerns?

Please feel free to list any questions that you may have for me: