

Client Questionnaire

-- If answering any question makes you uncomfortable, it is OK to leave it blank --

Today's Date:
Name:
Physical and Mental Health
Current physician name & phone number:
Briefly describe current physical health status or conditions:
Current medications - name, dosage, prescribing physician, date started:
Current OTC drug and supplement use:
Previous major illnesses or surgeries? If so, what and when?
Current sleep patterns:
Do you smoke? If so, how much?
How often do you use alcohol? How much?
How often do you use recreational drugs? How much?
© 2022 Diane Gleim MFT CST, CST-S All Rights Reserved (except where otherwise cited).

320 10th Street, Suite 302, Santa Rosa, CA 95401







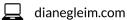
History of previous therapy, hospitalizations or treatment programs (e.g. for psychiatric issues, substance abuse, eating disorder, etc.) Please include approx. date(s):
Do you own a firearm(s)? If so, how many and what type(s)?
Current Relationship, Family, and Home Life
Current relationship status:
Briefly describe your current family/home/living situation:
Briefly describe current relationship's history:
Any history, in this relationship or past relationships, of domestic abuse:
Children's names, ages, and co-parent (i.e. current partner or previous):
Other important people in your life:
Employment, Education, Free Time, Spirituality
© 2022 Diane Gleim MFT CST, CST-S All Rights Reserved (except where otherwise cited).

320 10th Street, Suite 302, Santa Rosa, CA 95401

707.535.9650









Current occupation:
Approx. how many hours per week do you spend working?
Highest level of education achieved:
Military History:
How do you spend your free time (example: exercise, volunteer, hobbies):
How would you describe your spiritual and/or religious beliefs and practices?
Briefly describe your family of origin and childhood, and please include parental substance abuse issues (if applicable), siblings, any significant event(s) you feel influenced your development (such as a family member's death, relocation, etc.):
Your Thoughts About Therapy
Briefly describe why you are seeking therapy now:
© 2022 Diane Gleim MFT CST, CST-S All Rights Reserved (except where otherwise cited).

320 10th Street, Suite 302, Santa Rosa, CA 95401







How long has this problem(s) been going on?
What area(s) of your life are being affected by the issue(s) that brought you here (example: work, finances, education, marriage/relationship, ability to enjoy life, friendships, relaxation, sleep, sexual functioning, physical health, spirituality):
What do you hope to achieve by coming to therapy?
What are you most concerned about as you begin therapy?
Miscellaneous
Anything I forgot to ask about that you feel is important for me to know about you?
Anything I forgot to ask about that you feel is important for me to know about you?
Anything I forgot to ask about that you feel is important for me to know about you?
Anything I forgot to ask about that you feel is important for me to know about you?
Anything I forgot to ask about that you feel is important for me to know about you?

707.535.9650

inquiries@dianegleim.com

320 10th Street, Suite 302, Santa Rosa, CA 95401



dianegleim.com