



Diane Gleim

Licensed Marriage and Family Therapist
AASECT Certified Sex Therapist & Supervisor
LIC# MFC44429

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? _____

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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

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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: _____

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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?

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