



# Diane Gleim

Licensed Marriage and Family Therapist  
AASECT Certified Sex Therapist & Supervisor  
IAPST Certified Psychosexual 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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