

Client: Shawaiz Sarfraz
DOB: 02/03/2011
Provider: Alam Naqvi
Provider License: LMFT #1234

Standard Intake Questionnaire Template

What brings you to counseling at this time? Is there something specific, such as a particular event? Be as detailed as you can.

No answer given.

What are your goals for counseling?

No answer given.

Have you seen a mental health professional before?

- No

Specify all medications and supplements you are presently taking and for what reason.

No answer given.

If taking prescription medication, who is your prescribing MD? Please include type of MD, name and phone number.

No answer given.

Who is your primary care physician? Please include type of MD, name and phone number.

No answer given.

Do you drink alcohol?

No answer given.

Do you use recreational drugs?

No answer given.

Do you have suicidal thoughts?

No answer given.

Have you ever attempted suicide?

No answer given.

Do you have thoughts or urges to harm others?

No answer given.

Have you ever been hospitalized for a psychiatric issue?

No answer given.

Is there a history of mental illness in your family?

No answer given.

If you are in a relationship, please describe the nature of the relationship and months or years together.

No answer given.

Describe your current living situation. Do you live alone, with others. With family, etc...

No answer given.

What is your level of education? Highest grade/degree and type of degree.

No answer given.

What is your current occupation? What do you do? How long have you been doing it?

No answer given.

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Please check any of the following you have experienced in the past six months

No answer given.

Please check any of the following that apply

No answer given.

What else would you like me to know?

No answer given.

Provider

A handwritten signature in black ink that reads "Alam Naqvi". The signature is written in a cursive, flowing style.

Signed by Alam Naqvi

LMFT

April 22, 2025 at 7:26 am (ET)

IP address: 39.49.58.52