# Intake Questionnaire

**Personal:**

Name: _____ Date of Birth: _____ Gender/ Pronouns: _____

Relationship Status: _____ How were you referred to me? _____

Please tell me briefly about what is bringing you in: _____

_____

_____

**Psychological:**

Prior episodes of mental health treatment? (provider & dates) _____

_____

_____

If so, what was helpful? _____

_____

If so, what was not helpful? _____

_____

Any previous known diagnoses _____

_____

Any thoughts about hurting yourself or anybody else? _____

If yes, please describe: _____

Any history of mental health issues within your family? _____

**Family:**

If you are currently married or partnered, for how long, and how would you describe that relationship? _____

_____

_____

Please list any children, with their ages: _____

_____

How would you describe your childhood? _____

_____

Who are you closest to emotionally within your family of origin, and where do they live? _____

_____

Who could you turn to for emotional support? _____

Was there any type of abuse (physical/sexual/emotional) experienced while growing up? _____

_____

**Education / Employment:**

Michael Sibrava, NCC, LMHC
Aletheia Therapeutics, PLLC
(206)473-2435
msibrava@aletheiapllc.com

Intake Questionnaire
(Updated 12/31/2023)
Page 1 of 2

Highest Level of Education Completed:

Present Occupation/Employer:                                    Do you like your job?

If not employed, your most recent employment was?


**Health:**

Any current/ongoing/previous medical problems?

How many hours of sleep do you get per night/day?

Are you satisfied with your weight?

Please list any current medications:

Any history of medical problems within your family?


**Substance Use:**

Smoker (Yes/No) If yes, how much?

Describe alcohol use:

Describe marijuana use:

Have you ever felt like alcohol or other drugs have been a problem for you, including prescriptions?


Have you ever sought treatment for alcohol or drug use?

Do you think you might currently have a problem with any drugs?

Do you think you might currently have a problem with any behaviors? (gambling, internet use, sexual addiction,

shopping, etc.)?

Has anyone in either your primary relationships or your family of origin had any substance or behavioral abuse

issues, and if so, please describe:


**Any other information that might be useful for me to know?**