

# Debra Alper

Relational Strategist

## **Initial Assessment Questionnaire**

Please feel free to attach answers if more space is needed.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_

May we leave a message at this number and/or text, email you? \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Are you satisfied with your work? If not, why? \_\_\_\_\_

\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Who do you live with, if anyone? \_\_\_\_\_

Marital Status: \_\_\_\_\_

If not married, are you in a committed relationship: \_\_\_\_\_

Length of time in current relationship: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Do you have children, and if so what are their ages? \_\_\_\_\_

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How would you describe the interactions and relationships with each of your family members including family of origin? \_\_\_\_\_

Where were you raised? \_\_\_\_\_

Do you have close friends? \_\_\_\_\_

Do you have relationships with friends from your past? \_\_\_\_\_

What is your history with your co-workers? \_\_\_\_\_

How do you like to spend your free time? \_\_\_\_\_

Do you have any current or historic use of drugs? \_\_\_\_\_

Types of drugs used: \_\_\_\_\_

Frequency of drug use: \_\_\_\_\_

Any prescription drugs taken-please list all prescription medications currently taken: \_\_\_\_\_

Alcohol use. How often do you have an alcoholic drink? \_\_\_\_\_

How many drinks per week do you consume? \_\_\_\_\_

Have you ever had blackouts after drinking? \_\_\_\_\_

Have you ever been diagnosed with a substance abuse problem? \_\_\_\_\_

Have you ever seen a therapist? \_\_\_\_\_

If so, who did you see, for what issues and for how long did the therapy last? \_\_\_\_\_

Did you consider the therapy successful? \_\_\_\_\_

Have you ever been hospitalized for any substance abuse or mental health issues? \_\_\_\_\_

Have you ever been diagnosed with any mental health problems? \_\_\_\_\_

Have you ever felt suicidal? \_\_\_\_\_

Have you ever attempted to commit suicide? \_\_\_\_\_

What are your biggest stressors? \_\_\_\_\_

Have you ever had a panic attack? \_\_\_\_\_

Would you describe yourself as an angry person? \_\_\_\_\_

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Do you often cry? \_\_\_\_\_

Do you know why you cry? \_\_\_\_\_

What is the quality of duration of your sleep? \_\_\_\_\_

How is your appetite? \_\_\_\_\_

Do you have problems with food- binge eating, any history of anorexia? \_\_\_\_\_

Do you have a primary physician? \_\_\_\_\_

Name and phone number: \_\_\_\_\_

What was the date of your last visit? \_\_\_\_\_

Do you have any health issues? \_\_\_\_\_

Do you exercise? \_\_\_\_\_

How often, what do you do? \_\_\_\_\_

Are you a spiritual person? \_\_\_\_\_

Are you a religious person? \_\_\_\_\_

What is your religion? \_\_\_\_\_

Do you attend a place of worship regularly? \_\_\_\_\_

Why have you decided to come in to speak with me today? \_\_\_\_\_

What would you like to be different in your life? \_\_\_\_\_