



ALLISON
VILLARREAL

Intake Questionnaire

Today's date _____

Name: _____
(First) (Middle Initial) (Last)

Birth Date: ____ / ____ / ____ Age: _____

Sex assigned at birth: Male Female

Gender Identity: Male Female

Sexual Orientation _____

Preferred Pronouns _____

Marital Status (check all that apply):

- Single In a relationship Domestic Partnership
 Married Separated Divorced Widowed

Employment status (check all that apply):

- Full time student Part time student Military Unemployed
 At home Mom/Dad Retired/Pensioner Receiving government assistance Working less than 30 hours per week Working 30+ hours per week

Occupation (current past):

Last grade of school completed _____

Ever received counseling in the past? No Yes

Reason? _____

Ever received a formal psychological evaluation? No Yes

Diagnosis: _____

Do you feel reluctant or hesitant in any way to begin therapy?

No Yes

ALLISON VILLARREAL, MA, LPC LICENSED PROFESSIONAL COUNSELOR



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Current hobbies/interests: _____

Do you consider yourself to be spiritual or religious?

No Yes

If yes, describe your faith or belief:

How would you rate your current physical health?

Poor Satisfactory Good Excellent

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits?

Poor Satisfactory Good Excellent

Please list any specific sleep problems you are currently experiencing:

How would you rate your current eating habits?

Poor Satisfactory Good Excellent

Please list any specific eating or appetite problems you are currently experiencing:

Current medications (include both prescribed and over the counter, vitamins, herbs, etc) _____

How many units of alcohol do you have per week (beer/glass of wine/shot): _____

Have you used drugs in the past 5 years? No Yes

Which and how often? _____

Do you ever think about physically harming yourself or committing suicide?

No Yes

Do you currently experience these thoughts? No Yes

Ever think about physically harming other people? No Yes

Currently? No Yes

Do you currently feel threatened or in danger of being physically or emotionally harmed by another person? No Yes

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A L L I S O N
V I L L A R R E A L

What else might be helpful for me to know?

What are your goals for therapy?

A L L I S O N V I L L A R R E A L, M A, L P C **L I C E N S E D P R O F E S S I O N A L C O U N S E L O R**

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