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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? _____

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

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? _____

Family History

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: _____

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?
