

New Client Questionnaire

* Indicates a required field

Please take some time to answer the following questions. You're welcome to skip over any questions you would prefer not to answer. Your responses will help me to get an idea of what is going on for you and will assist me in working with you. Also please know that therapy looks different for different people, therefore I encourage you to be vocal as to what might be helpful for you during this process.

What are your pronouns:

* What brings you to counseling at this time?

Please answer this question

* When did you first start to notice these issues coming up?

Please answer this question

* What do you hope to get out of therapy / What are your goals for treatment?

Please answer this question

* Any current or past physical health (medical) issues?