

## Client Questionnaire

Please take the time when filling out this form. The information you provide allows me to understand many different facets of your life from different angles. Thank you.

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

Please tell me what you would like to achieve in therapy:

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Please describe your current emotional state:

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If you have had a history of the following emotional conditions or have been formally diagnosed by a psychiatrist/psychologist/independent mental health practitioner/physician, please circle.

Stress-related disorders:

Mood disorders:

Personality disorders:

Please list any medical conditions you may have:

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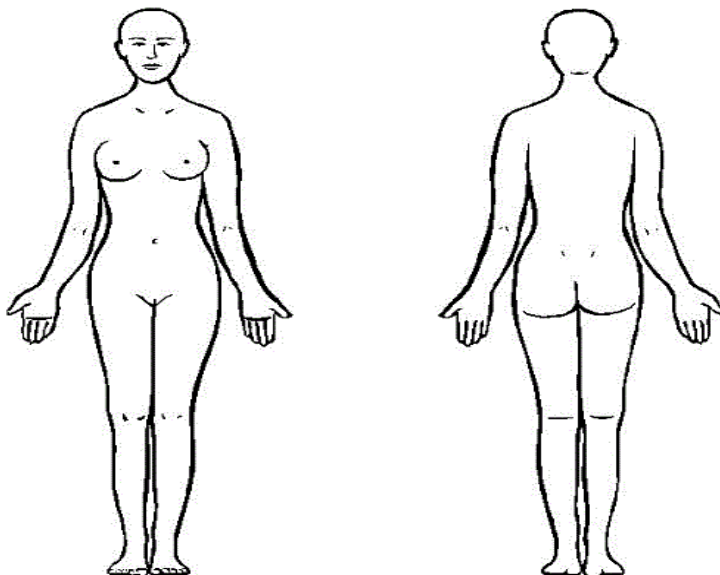
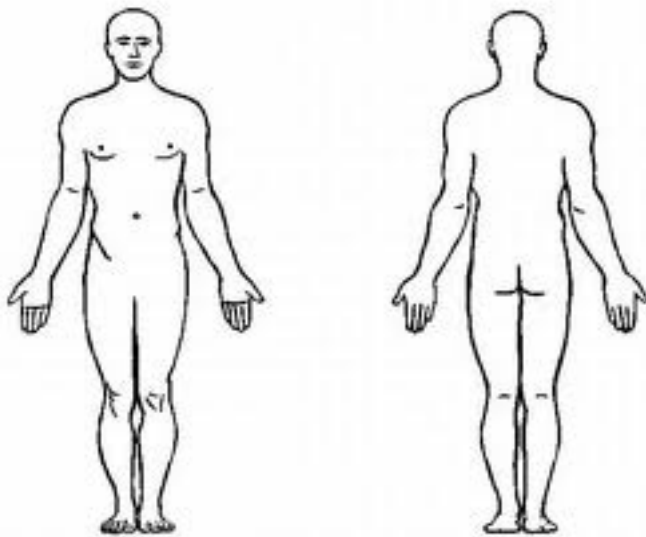
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Please circle any areas in the pictures below where you consistently feel pain or discomfort:



Please describe your spiritual or religious practices and beliefs, including atheism or agnosticism.

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Please describe if you engage in any spiritual/religious practices (i.e. prayer, meditation, nature-speak).

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Please list your top five fears from most fearful to least fearful:

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In 5 sentences or less, please tell me the story of your life. The story of your life describes how the patterns/themes that have been a part of your experience for as long as you can remember.

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Thank you for taking the time to answer this questionnaire. Your answers will help me understand you and your life better.