

**KENTLANDS PSYCHOTHERAPY
CLINICAL QUESTIONNAIRE**

Date: _____

GENERAL INFORMATION

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Current Home Address _____

Home Phone # _____ Cellular Phone # _____

Employer: _____ Position Title: _____

Duties: _____ Work Phone: _____

Is it OK to communicate with you by e-mail? Yes / No Your e-mail: _____

Who lives in household with you?

Last Name: _____ First Name: _____ Age: _____ Relationship to YOU: _____

REFERRAL SOURCE/HOW DID YOU FIND THIS PROVIDER:

- | | | |
|--|---|---|
| <input type="checkbox"/> Primary Care Manager | <input type="checkbox"/> Other Medical Professional | <input type="checkbox"/> Maryland Psychological Association |
| <input type="checkbox"/> Business Card or Brochure | <input type="checkbox"/> Referral Web Site (Psychology Today) | <input type="checkbox"/> Dr. Carr's web site |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ | |

REASON FOR REFERRAL:

1. State your main complaint, problem or reason for referral: _____

2. Give a brief account of how it developed (onset to present): _____

3. What have you tried so far to solve the problem (include professional and self-help): _____

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3. Please list any instance of drug abuse, alcoholism, or mental illness on either side of your family.

Family Relationship	Problem	My Age at That Time	Additional Important Details
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SUBSTANCE USE HISTORY

1. Do you consume more than three total caffeinated beverages per day (soda, coffee, tea, etc)? no yes

2. Are you a smoker? yes no (former? _____)

3. Please describe your current alcohol use and any significant past history if it differs:

4. Check any of the following that apply to you:

- Alcohol or drug use has had a negative impact on a personal relationship.
- Alcohol or drug use has had a negative impact on my work.
- I have gotten in trouble with the law (arrest, DUI/DWI, etc) because of alcohol or drug use.
- I have done physically dangerous things while intoxicated.
- I have tried to reduce my alcohol or drug use but haven't really been successful at it.
- I have gotten into fights or arguments when I've used alcohol or drugs.
- I have had black outs from substance use.
- It takes more alcohol or drugs to get drunk or high now than it used to take.
- I have experienced withdrawal symptoms when I stopped using (shakes, headaches, hallucinations, seizure, etc).
- I have developed physical problems resulting from alcohol or drug use (e.g. cirrhosis, ulcers or pancreatitis).
- I have received treatment (therapy, residential, AA) for alcohol or drug use.

FAMILY RELATIONS HISTORY:

1. Father: Age: _____ (If deceased, your age when he died) _____
Occupation: _____ Current health: _____

Describe his personality and your relationship with him.

Past: _____
Present: _____

2. Mother: Age: _____ (If deceased, your age when she died) _____
Occupation: _____ Current health: _____

Describe her personality and your relationship with her.

Past: _____
Present: _____

3. Select the most appropriate description of your parents' marriage when you were a child.

- Loving/Happy Okay/Not Bad Unloving/Unhappy Abusive

4. Parent's current marital status: Married Separated Divorced Widowed

If applicable, your age at time of separation/divorce: _____

6. Are you adopted? no yes, age and situation _____

7. If you have a step-parent(s) describe your relationship with him/her/them: _____

8. Who was your primary caregiver growing up? _____

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9. How many siblings do you have? (please indicate if you are a twin)

_____ Brother(s)	Ages _____	_____ Sister(s)	Ages _____
_____ Step-Brother(s)	Ages _____	_____ Step-Sister(s)	Ages _____
_____ Half-Brother(s)	Ages _____	_____ Half-Sister(s)	Ages _____

10. Briefly describe your relationships with your siblings. _____

CHILDHOOD HISTORY

1. My childhood was:
 Very Happy Happy Unhappy Very Unhappy

2. Check any particular worries or problems you may have have as a child? Check where appropriate and give the best guess of age:

	YES	NO	AGE		YES	NO	AGE
BED WETTING	<input type="checkbox"/>	<input type="checkbox"/>	_____	NAIL BITING	<input type="checkbox"/>	<input type="checkbox"/>	_____
HYPERACTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	_____	TEMPER TANTRUMS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SLEEPWALKING	<input type="checkbox"/>	<input type="checkbox"/>	_____	CRUELTY TO ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NIGHT TERRORS	<input type="checkbox"/>	<input type="checkbox"/>	_____	GANG MEMBERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	_____
STUTTERING/STAMMERING	<input type="checkbox"/>	<input type="checkbox"/>	_____	SHOPLIFTING	<input type="checkbox"/>	<input type="checkbox"/>	_____
RUNNING AWAY FROM HOME	<input type="checkbox"/>	<input type="checkbox"/>	_____	FIRE SETTING	<input type="checkbox"/>	<input type="checkbox"/>	_____
THUMB SUCKING	<input type="checkbox"/>	<input type="checkbox"/>	_____	VANDALISM	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER: _____							

3. Describe how you were disciplined as a child: _____

4. When you were growing up, were there others living in the house besides your parents, brothers and sisters? If yes, who and what was their relationship to you? _____

5. Was anyone, including yourself, abused in the family? Please indicate who was abused, by whom and the type of abuse.

WHO WAS ABUSED	BY WHOM	VERBAL	PHYSICAL	SEXUAL	EMOTIONAL

EDUCATIONAL HISTORY

1. Highest level of education you completed. _____ Age when completed _____

2. List all degrees completed and GPA: _____

3. If any degrees were unfinished, list reason for stopping. _____

4. During school did the following occur?	Never	Occasionally	Frequently
Skipped school/classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was suspended from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to repeat a grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Never	Occasionally	Frequently
I got in physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCCUPATIONAL AND MILITARY HISTORY

1. What civilian jobs have you held?

Job	Age	Reason for Leaving
_____	_____	_____
_____	_____	_____

2. Ever been in the military? Yes No Total Time in Service: _____

LEGAL/FINANCIAL HISTORY

- Have you ever been arrested as a juvenile or adult? Yes No
- Have you ever had legal problems as a result of financial difficulties? Yes No, If Yes, Please describe _____
- Are you currently having any financial difficulties? Yes No, If Yes, Please describe _____

SEXUAL HISTORY/MARITAL HISTORY

- How old were you when you started dating? _____
- How many significant relationships (lasting at *least* 6 months) have you had? _____
- Do you currently live: alone (or with roommates) with someone you are involved with in a relationship
- If you have ever been married, please fill out the following questions. If you have never been married, go to question 6.
 How long have you been married to your present spouse? _____
 How long did you date your spouse before you married? _____
 How old were you when you were married? _____ How old was your spouse? _____
 What is your spouse's level of education? _____ What is your spouse's job? _____
 How do you feel about your present marriage? _____
 In what areas of your relationship with your spouse is there compatibility? _____
 In what areas of your relationship with your spouse is there incompatibility? _____

5. If you have children, please list them by name, gender and age:

NAME	AGE	SEX	FROM THIS OR A PREVIOUS RELATIONSHIP

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6. Are any of the children experiencing significant behavioral problems? If so, please describe: _____

7. List all previous marriages of you and your spouse:

YOU	DATE	YOUR SPOUSE	DATE

9. Please indicate reasons for your own divorce(s) or separation(s): _____

10. Was or is there any abuse within the relationship with you as the victim? You as the abuser?
 Sexual Physical Emotional Verbal

11. Have you or your spouse ever abused *your* child? Yes No
 If yes: Sexual Physical Emotional Verbal

ADULT SOCIAL HISTORY

1. How would you describe your personality? _____

- (please check all that apply to you)
- | | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> a leader | <input type="checkbox"/> a follower | <input type="checkbox"/> pessimistic | <input type="checkbox"/> optimistic | <input type="checkbox"/> a loner |
| <input type="checkbox"/> overcritical | <input type="checkbox"/> indecisive | <input type="checkbox"/> moody | <input type="checkbox"/> short-tempered | <input type="checkbox"/> confident |

2. What traits/attributes do you think are your strong points: _____

 Are your weak points: _____

3. How do you think people feel about you? _____

4. How do you get along with other people? _____

5. How do you let off steam? _____

6. What are your favorite hobbies, interests, and activities? _____

7. List your talents, achievements, and strengths: _____

8. Describe your current positive social support network (family, friends, co-workers): _____

9. Has a religious belief or spiritually been an important part of your life? Yes No if Yes: Past Current

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10. Are your spiritual needs currently being met? Yes No

11. What are your goals in life? (What would you like to be doing 5 years from now?) _____

12. Please quickly review your answers to this questionnaire. Is there anything that has not been covered so far that you think I should know to better understand you and your present difficulties? Please comment:

13. How, do you think, I can best help you? _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE