



## **RAFT Counseling New Client Questionnaire**

What brings you to counseling at this time? Is there something specific, such as a particular event?

Have you seen a mental health professional before? Please note dates and any areas you would like to note about this experience.

Please specify all medications and supplements you are presently taking and for what reason.

If taking prescription medication, who is your prescribing MD? Please include type of MD, name and phone number.

Who is your primary care physician? Please include type of MD, name and phone number.

Do you drink alcohol? If yes, please note amount and frequency.

Do you use recreational drugs? If yes, please note amount and frequency.

Do you have suicidal thoughts? If yes, please describe and note how often.

Have you ever attempted suicide? If yes, please note date(s).

Do you have thoughts or urges to harm others? If yes, please describe and note frequency.

Have you ever been hospitalized for a psychiatric issue? If yes, please note date(s).

Please describe any history of mental illness in your family.

If you are in a relationship, please describe the nature of the relationship and months or years together.

Describe your current living situation. Do you live alone, with others, etc.

What is your level of education? What is your current occupation?

**Please circle any of the following you have experienced in the past six months.**

- Increased appetite
- Decreased appetite
- Trouble concentrating
- Difficulty sleeping
- Excessive sleep
- Low motivation
- Isolation from others
- Fatigue/ low energy
- Low self-esteem
- Depressed mood
- Tearful or crying spells
- Anxiety
- Fear
- Hopelessness
- Panic
- Other: \_\_\_\_\_

**Please circle any of the following that apply:**

- Headache
- High blood pressure
- Head injury
- Angina or chest pain
- Chronic pain
- Loss of consciousness
- Heart attack
- Seizures
- Chronic fatigue
- Dizziness
- Faintness
- Fibromyalgia
- Shortness of breath
- Other medical concerns: \_\_\_\_\_

**What else would you like your therapist to know? You can include your goals for counseling or anything else you would like us to know about you.**