



Client Questionnaire

Patient Information

This questionnaire asks for personal information that may illicit feelings of discomfort. Reveal details as you feel comfortable and if answering these questions is more difficult than you anticipated, please let me know. It is not uncommon to feel a bit uneasy after revealing such private information to someone. Submitting this form means that you have also read and agree to the Terms of Use at <http://www.mentalhealthonthewebblog.com/informed-consent/>.

Today's Date: 02/12/2009	Last Name: Flynn
First Name: Mary	Middle Initial: B
Nickname: Mary	
Marital Status: Married	
U.S. Driver's License State and Number: NA	
Birth Date: 05/09/1954	Age: 55
Other Official Identification (passport, State I.D., etc): 123568	
Street Address: 56 Acacia Street	
P.O. box:	
City: Manchester	
State:	Country: England UK
ZIP Code: MB134E	
Home phone no.: 8777735591	
Email address: maryflynn@aol.com	
Your occupation: payroll manager	
Employer: Supermarket	
Can we leave a message on your home phone? No	
Can we leave a message on other phone? Yes	
If yes, other phone no.: 07780 123456	

REQUESTED SERVICE INFORMATION

What counseling service(s) is requested at this time? Individual
Are you interested in traditional face-to-face counseling, distance counseling or a combination of both? Face-to-face counseling depends on your location and my availability. Distance
For distance counseling, what is your preferred method of communication? Chat
What concern has prompted you to contact me at this time? I'm not coping with things. My depression seems to be worse but I can usually cope with it ok. It's affecting my relationship with my husband.
If you are requesting distance services, why are you interested in distance counseling rather than traditional face-to-face counseling at this point? My husband doesn't know about this and he will if I see someone nearby- he works from home and he knows my routine with work. I have a work computer I could use?

Please check all that you have experience with:	
<input checked="" type="checkbox"/> Email	<input checked="" type="checkbox"/> Instant Messaging / Chat
<input checked="" type="checkbox"/> Encrypted email or chat	<input type="checkbox"/> Videoconferencing
<input type="checkbox"/> Blogs	<input type="checkbox"/> Chat rooms with multiple people Bulletin
<input type="checkbox"/> Boards / Forums	<input checked="" type="checkbox"/> Payment for items / services online
<input checked="" type="checkbox"/> Texting (mobile device)	<input type="checkbox"/> Social networks like Facebook or Twitter
<input type="checkbox"/> Gaming	<input type="checkbox"/> Second Life / Virtual Worlds
Are you using a PC Mac Mobile Device? (not all encrypted counseling services are compatible with mobile devices) No	
What type of platform does your computer use? Windows XP	
If other, what type?	
What type of internet access do you have? Broadband (cable, DSL, satellite)	

IN CASE OF EMERGENCY

Who should be contacted in case of emergency? Beth	
Relationship to patient: friend	Home phone no.: 8777735591

IN CASE OF EMERGENCY

Work phone no.: 01234 09875

INTAKE / BACKGROUND INFORMATION

Have you ever been in treatment with a therapist or counselor in the past? Yes

If so, when were you treated and for what problem(s)? My doctor referred me two years ago cos I was depressed and after six months I got an appointment but it was hard to talk so I stopped going.

What was the result of this treatment? I stopped going.

Are you being treated by a therapist, counselor, or psychiatrist now? No

Are you experiencing any negative feelings or "symptoms" at this time, e.g. feeling anxious, depressed, sad, angry, frustrated, etc? Yes

How severe would you say your symptoms are? Severe

What have you already tried for this problem? nothing apart from seeing my doctor

Have you tried anything that DOES help? Yes. My friend Beth helps alot and takes me to Bingo which I love

Are you currently taking any psychotropic medication (e.g., anti-depressants or anti-anxiety medication)? Yes

If so, what type of doctor prescribed it? Physician

Have you taken any psychotropic medication in the past? Yes

Please list all medications you are now taking, including the dosage. Please include prescriptions, over-the-counter, herbal, homeopathic medications and nutritional supplements.

prozac 20 mg

asthma inhaler

multi vitamin

How often do you drink alcoholic beverages? Frequently

How often do you use recreational drugs? Never

Please list below all recreational drugs you use.

Have you ever been hospitalized for drug or alcohol abuse, a suicide attempt, "nerves" or other mental health Concern? If so, please give dates and circumstances: No

How many hours a day do you spend on your computer or mobile device? 8

Is the majority of this time work related? Yes

Do you feel your technology use is balanced and healthy or could it be improved? no

Do you have any other concerns about finding balance in your life with issues such as exercise, gambling, sexual activity, food? no not really

If you are married or have a "significant other" or long-term partner, how long have you been together? 24 years. I love my husband and he loves me. We have a happy if quiet life and rarely row. He is very supportive of me and how I feel but I can't talk to him about it and that makes him sad which I hate.

Do you have any children? If so, What are their names and ages?

Name	Age
Mark	19
Jenny	14

Who lives in the household with you?

Name	Relationship
Geoff	husband
Jenny	daughter

Do you have any brothers or sisters? Yes

If so, where are you in the sibling order? Youngest

INTAKE / BACKGROUND INFORMATION

Where do your siblings live and how do you get along with them? My sister lives in Preston about 45 min away. We get on okay but I don't see her much. We talk on the phone at least once a fortnight.

Are your parents alive? Yes

How do you get along with them? Fine, they live nearby and I visit twice a week.

Do you have in-laws? Yes

How do you get along with them? Fine, my mother-in-law is dead but my father-in-law is alive but lives in Scotland with his second wife so we only see him on family occasions really.

INTAKE / BACKGROUND INFORMATION Cont.

How much education have you completed? Some College

If you are a student now, please complete the following 2 questions:

Which school do you attend, how are your grades and how do you like school?

If you are in college or graduate school, what is your major?

Are you happy with your current job/career? Yes

If not, why? What jobs/careers have you done in the past and how did you like them? I've worked at the Supermarket for over 10 years. I started when Jenny started school. I didn't work before that except helping Geoff ou with administative stuff for the warehouse he runs.

How many times have you moved in the past year? none

How is your overall health? Do you have any medical problems now or in the past that would be helpful for me to know about? Good- I don't think so, just some mild asthma which I use an inhaler for.

Have you ever been arrested or convicted of a crime? No

It would be helpful to know about your family of origin, what your childhood was like, and anything else about what your family and life were like when you were growing up. My childhood was fine until I was 14, then I couldn't talk to anyone anymore and became very introverted and stopped taking care of myself, wearing black, hiding, etc. and my mother didn't know what happened which made her angry at me all the time. I was attacked at that point near to school in Preston. I nearly told my sister but she had stuff going on cos is older than me by five years so she was going to Uni etc. I married early to leave home and because I found someone who seemed to love me and I loved him and it made my mum happy cos she didn't want to deal with me anymore. My dad ignored the whole thing so it was easy for me not to have to tell anyone what happened, just put up with my mum being annoyed and angry with me until I left home.

Were you ever physically or sexually abused as a child? Yes

If yes, by whom? I don't know the answer to this, I was attacked but not abused?

Have you ever felt in the past like harming yourself or somebody else? no

Do you have those feelings now? no

Is there anything else about you that I should know such as ethnicity, gender preference or sexual identity? No. I have a habit of tearing at my nails and hair but I'm not sure if that is harming myself?

The contents of this intake questionnaire excerpted from a case study that is a fictional composite for illustration purposes only:

Anthony, K. & Nagel, D.M. (2010). *Online therapy: A practical guide*. Sage Publishing: London, pp 87-91.