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Getting Started: New client questions

It will be helpful in beginning our work together to gather some background information and information about your particular counseling concern. Feel free to use the reverse of this form for extra space and please add any comments, extra information or concerns that may be helpful as well.

Name _____ Date of Birth _____

Have you ever used counseling services before? yes no

If yes, when _____ and for how long? _____

What was the outcome? _____

Please briefly describe your present concern:

What is your goal for our work together? Please be specific:

Are you using any recreational substances? What type, how much and how often? _____

How much alcohol do you drink and how often? _____

Have you previously used alcohol or other substances and discontinued them? If yes, please explain

Is your life currently affected by the alcohol or substance use of others? Who?

Are you currently taking any medication for depression, anxiety or other mental health concern?

yes no If yes please list the medication(s): _____

And the prescribing doctor: _____

Have you ever considered suicide? no once on occasion often

Any attempts? yes no If yes, please explain:

Have you ever had a psychiatric admission? If yes, please explain: _____

Is there anything else you think I should know before we get started?