

## 1. CPP First Appointment Questionnaire

Five of the following questions are required, while all other questions are optional. Answering the questions prior to the first appointment will help us make the most of our time together.

Briefly describe the main difficulty that has brought you to counseling:

How distressed have you felt within the past month on a scale from 0 (no distress or neutral) to 10 (maximum distress)?:

How long have you felt this way?:

What specific goal(s) or outcome(s) are you hoping to achieve through your work in counseling?:

### Current Concerns Checklist

(check all that apply)

- Anxiety / Nervousness / Worry
- Appetite issues
- Attention / Concentration difficulties
- Avoidance
- Crying spells
- Depression / Deep Sadness
- Excessive energy or restlessness
- Family conflict
- Fatigue, low energy
- Feelings of worthlessness
- Financial strain

- Forgetfulness
- Guilt
- Hearing / Seeing things others don't
- Helplessness or hopelessness
- Impulsivity
- Irritability or anger
- Legal problems
- Libido changes
- Loneliness
- Loss of interest
- Loss of meaning / purpose
- Muscle tension or difficulty relaxing
- Nightmares or disturbing dreams
- Pain
- Panic attacks
- Racing thoughts
- Recurrent distressing thoughts or images
- Relationship problems
- Repetitive thoughts or actions that are difficult to ignore or control
- Rumination
- Sleep issues
- Spiritual distress
- Suspiciousness
- Thoughts of self-harm, suicide, or homicide
- Work-related problems

## **Behavioral Health History**

Have you ever received psychological counseling or psychiatric services before?:

When? From Whom? For What? With What Result?:

Have you ever taken medications for psychiatric or emotional problems?:

If yes, please provide the name of the medication(s), when you last took them, and the name of the prescribing provider.:

Have you ever experienced an event you would describe as traumatic or which involved actual or threatened injury or death?:

Do you smoke?:

Type & quantity of caffeinated drinks consumed per day:

The following four questions address alcohol and drug use, which includes illegal drug use and prescription drug use other than as prescribed.

Have you ever felt you should cut down on your drinking or drug use?:

Have people annoyed you by criticizing your drinking or drug use?:

Have you ever felt bad or guilty about your drinking or drug use?:

Have you ever had a drink or used drugs first thing in the morning to calm your nerves or to get rid of a hangover?:

## **Medical Information**

Are you currently being treated for any medical conditions?:

If yes, please list the medical conditions currently being treated.:

Describe any surgeries or injuries:

Current Prescription, Over-the-Counter, Supplements and Herbs: List names, doses and frequency, purpose and prescribing provider (if applicable):

## Family & Relationship History

List the first name, age and relationship of the people (or pets) significant to you right now. Put an asterisk (\*) next to the name(s) of those who live with you.:

List the first name and relationship of the people (or pets) significant to you growing up.:

Where did you grow up?:

List up to 5 words or short phrases to describe your relationship with your mother (or mother figure) when you were growing up, and up to 5 to describe that relationship today:

List up to 5 words or short phrases to describe your relationship with your father (or father figure) when you were growing up, and up to 5 to describe that relationship today:

What kind of work do you do? How long have you worked in your current occupation?:

## Strengths & Resources

Hobbies, activities or interests & approximately how often you engage in each (e.g., daily, weekly, etc.):

Difficult to identify hobbies, activities or interests at this time.

Pleasant or encouraging thoughts, images, sounds, or memories that help keep you going.:

Difficult to identify resources that help keep me going at this time.

Do you consider yourself a religious or spiritual person?:

Current religious or spiritual tradition (if applicable)::

List current religious practices you find important (e.g., prayer, meditation, study of sacred text, attending religious services):

Childhood religious or spiritual tradition (if applicable)::

List current exercise / movement practices, including types of activities and frequency:

Anything else you would like the doctor to know right now?: