The Office of Laila Eva Bigonet, LICSW

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**Intake Questionnaire**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Arrangement: ⬜ alone ⬜ with partner/spouse ⬜ with friend ⬜ with relative ⬜ with roommates

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently employed? ⬜ Yes ⬜ No

Marital Status: ⬜ single ⬜ partnership ⬜ married ⬜ divorced ⬜ separated ⬜ widowed

Focus of/or reason for seeking psychotherapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you hope to get out of therapy? (What are your goals?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check your response: Yes No

Have you been in psychotherapy/counseling before? ⬜ ⬜

Are you currently in psychotherapy? ⬜ ⬜

Are you taking any psychiatric medications? ⬜ ⬜

 If “yes” please list all medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any insomnia or problems sleeping on a regular basis? ⬜ ⬜

Any significant medical conditions, current or past,

including allergies? ⬜ ⬜

 If yes, please list briefly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any significant losses in the past 2 or 3 years? ⬜ ⬜

Any other losses that you feel are unresolved? ⬜ ⬜

Do you have a history of trauma or abuse? ⬜ ⬜

Any current or past addictive behaviors? ⬜ ⬜

How motivated are you to resolve your issues on a scale from 10 (very) - 1 (a little): \_\_\_\_\_\_\_\_\_\_\_\_

 Is there anything else you would like me to know about you? (Please use back side) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_