

Chipita Counseling Services

Initial Intake Questionnaire

Name _____ Date _____

1. What is your main concern for seeking therapy?

Have you noticed any particular symptoms? _____

2. Why now?

3. Have you had therapy in the past? _____

4. Who is your primary care physician? _____

5. Please list all medications. _____

6. Do you have any allergies? _____

7. Do you have any health issues or concerns? _____

8. Who is your employer? _____

9. If you are in school, what grade? _____