

# ADULT QUESTIONNAIRE

## Identifying Information

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Who referred you: \_\_\_\_\_

## Current Concerns

Describe the reason(s) for making this appointment? \_\_\_\_\_

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What have you tried thus far to help with these difficulties? \_\_\_\_\_

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How long have your symptoms been a concern? \_\_\_\_\_

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List any recent stressful events you or your family has encountered: \_\_\_\_\_

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What else do we need to know about you? \_\_\_\_\_

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What would you like to see happen as a result of counseling? \_\_\_\_\_

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