

**TRAUMA RESEARCH INSTITUTE**

**Sven Schild, Ph.D.**

Licensed Clinical Psychologist, (CA Lic# PSY 22339)

Phone: (858) 602-2847

Email: sven.schild@gmail.com

**Confidential Intake Questionnaire**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Female/Male \_\_\_\_\_

SS#: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Languages Spoken/Preferred Communication Method? (Please circle all that applies)

English Spanish Filipino ASL Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Information of someone who will know how to reach you: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_

**RELATIONSHIP STATUS:** (please circle all that apply)

Single, not dating separated from partner or spouse living with a partner

Single, dating divorced widowed married

Who lives in your home with you? List names, ages, and relation to you. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children who don't live with you? If so, list names, ages, and where and with whom they live: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY FORM**

**Your records are confidential. Your records will not be released to any party without your written consent.**

**Directions: Please answer the following questions to the best of your knowledge.**

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

Medical Insurance:  YES  NO      Carrier: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

\_\_\_\_\_ Carrier's Phone#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insured's Soc. Sec.#: \_\_\_\_\_

Do you have a doctor you usually see for medical services? If so, write his or her name and number below: \_\_\_\_\_  
\_\_\_\_\_

When was the last time you had a general medical checkup? \_\_\_\_\_

Are you pregnant? NA    YES    NO    If YES, how many months? \_\_\_\_\_

Are you currently being treated for any health problems or recovering from any injury, surgery, etc.? If so, briefly describe here: \_\_\_\_\_  
\_\_\_\_\_

Medications (List more on separate page if necessary)

Current Medications	For what condition? (What For?)	Dosage (How much?)	Frequency (How often?)	Started taking when?	Comments / Problems / Concerns

Past Medications / For what condition? (List sedatives, pain medications, sleeping pills, antidepressants, etc.)


Medication Allergies? YES NO (please circle one)

If yes, what medication(s) \_\_\_\_\_

Do you have any allergies (Substance or Food Allergies)? YES NO (please circle one)

Is yes, what substance(s) \_\_\_\_\_

**SOCIAL / SEXUAL RISK HISTORY**

\_\_ YES \_\_ NO Do you smoke? If yes, how many cigarettes per day? \_\_\_\_\_

\_\_ YES \_\_ NO Do you use alcohol? If yes, how often, how much? \_\_\_\_\_

\_\_ YES \_\_ NO Do you or your partner(s) use drugs? If yes, how much, how often?  
Ever injected drugs? (explain) \_\_\_\_\_

\_\_ YES \_\_ NO Are you currently in recovery from an alcohol or drug problem?  
If YES, have you ever relapsed YES NO If YES, how many times \_\_\_\_

\_\_ YES \_\_ NO Have you ever had or would you like help now with an alcohol or drug problem?

\_\_ YES \_\_ NO Would you like to discuss problems to a rape or emotional/physical/sexual abuse?

\_\_ YES \_\_ NO Are you now or have you ever been in a relationship where you have been physically hurt or threatened?

**FAMILY HISTORY:** Please check if your family has a history of:

\_\_ Diabetes (Sugar) \_\_ High Blood Pressure \_\_ Heart Attack, Heart Disease \_\_ Cancer

\_\_ Alzheimer's \_\_ Tuberculosis \_\_ Blood Clots or Stroke \_\_ Mental Illness

\_\_ Epilepsy/Seizure \_\_ Family History Unknown

Any other major conditions? \_\_\_\_\_

If you answered YES to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY:**

Have you ever experienced a head injury, concussion, or been “knocked out” or unconscious? YES NO

Have you ever experienced an extremely high fever (over 103 degrees)? YES NO I don’t know

Were there any complications before, during or just after your birth? YES NO I don’t know

List any major illnesses or surgeries you have experienced: \_\_\_\_\_

Are you currently seeing any other professional counselors or therapists for psychological services? Y N

Briefly describe why you are seeking psychological services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had these concerns or problems? \_\_\_\_\_

Have you seen a psychiatrist, psychologist, or mental health counselor in the past? YES NO

If so, briefly describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:**

Where were you born? \_\_\_\_\_

Raised? \_\_\_\_\_

By biological parents? \_\_\_\_\_

Brothers/Sisters? \_\_\_\_\_

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How would you describe your relationship with your family? Are you close to your parents & siblings?

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Was your family religious? If so, which religion did they belong to? If you attended church, how often?

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**EDUCATION:**

Where do you go to school? \_\_\_\_\_

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How far did you go in school? (Educational level) \_\_\_\_\_

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How are your grades in school? \_\_\_\_\_

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How do you feel about going to school? (Positive/Negative Feelings) \_\_\_\_\_

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How would your teachers describe you? \_\_\_\_\_

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If they were asked to say something negative? \_\_\_\_\_

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How would you characterize yourself as being pretty social, or do you think you are more of a loner?

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What group do you hang out with? \_\_\_\_\_

What did you get in trouble for doing in school? \_\_\_\_\_

Were you ever suspended or expelled from school? \_\_\_\_\_

What are your successes and failures in school? \_\_\_\_\_

What are your strengths and weaknesses in school? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Currently employed? YES NO If so, what is your present job? \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

How long on that job? \_\_\_\_\_

What did you do before you worked (name present job)? \_\_\_\_\_

What is the longest period of time you have held the same job? \_\_\_\_\_

How would your bosses describe you? \_\_\_\_\_

If they were asked to say something negative? \_\_\_\_\_

Are there any communications problems between you and your boss/co-workers? If so, please explain\_\_\_\_\_

Tell me about a job you were terminated from. \_\_\_\_\_

If you could have a job that you think suits your abilities best, not necessarily what you are doing now, what would that job be? \_\_\_\_\_

**RELATIONSHIP HISTORY**

How many serious relationships have you had? \_\_\_\_\_

Of those, do you think you've ever been truly in love? If yes, how do you know? \_\_\_\_\_

Have there been incidents of infidelity in your relationship? \_\_\_\_\_

**SUBSTANCE ABUSE HISTORY**

If SOL client, ask for a release of their substance abuse intake form. Otherwise, proceed with the following section:

Indicate if no history of use \_\_\_\_\_ or History unknown \_\_\_\_\_

Has there ever been a period of time in your life when you've thought to yourself, "I think I might be drinking too much"? \_\_\_\_\_

Have you ever used meth or crystal? \_\_\_\_\_



Just before you get into a fight (argument) with someone, do you think your heart rate increases, or does your body actually calm down? \_\_\_\_\_

Are you court-ordered to attend therapy? YES NO

If YES, by whom/Social Worker/Probation Officer: \_\_\_\_\_

Contact Info/Phone: \_\_\_\_\_

**RELATIONSHIP OFFENSE HISTORY**

Have you ever experienced your parents or other adults fighting? YES NO

If so, what did they do? \_\_\_\_\_

If yes, when was the first episode of aggression or physical abuse in your relationship? \_\_\_\_\_

Have there been incidents of sexual aggression between you and your partner? \_\_\_\_\_

Have you ever had a TRO/ RO against you? Do you now? \_\_\_\_\_

**PSYCHIATRIC HISTORY**

If the client answered YES to having seen a therapist before ask: Did you get anything out of it, or do you think it was basically a waste of your time? \_\_\_\_\_

Has there ever been a period of time when you've though you might be down or blue or maybe even depressed? \_\_\_\_\_

Do you think you've ever really hurt anyone emotionally? \_\_\_\_\_

Have things ever gotten so bad for you that you've thought about killing yourself? \_\_\_\_\_

Have you ever threatened to kill yourself after a conflict with your partner? \_\_\_\_\_

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Have you ever tried to kill yourself? \_\_\_\_\_

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Have you ever been psychiatrically hospitalized? \_\_\_\_\_

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Do you ever feel like you won't be able to make it without your partner? \_\_\_\_\_

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When was the last time you cried? \_\_\_\_\_

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When we talk about self-esteem, kind of the way a person values him/her self, where would you place yourself on a scale of 1-10? \_\_\_\_\_

What didn't I ask that would be helpful to know about you? \_\_\_\_\_

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What question do you have for me? \_\_\_\_\_

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What are your goals for therapy? \_\_\_\_\_

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