

Stephen Rhode, LLC

Intake Questionnaire

Today's date _____

Name _____

Date of Birth ____ / ____ / ____ Age _____

Sex _____ Gender _____

Relationship Status

- Single Married Domestic Partnership Separated
 Divorced Widowed In a relationship

Employment Status _____

Occupation _____ Years in current occupation _____

Education (check highest completed)

- Doctorate Masters Bachelors Associates
 Some College High School Other

Reason for visit

Have you ever received counseling/psychotherapy before? _____

Reason? _____

Have you ever received a formal psychological evaluation?

Stephen Rhode, LLC
100 Arapahoe Ave, Suite 12 Boulder, CO 80302
303-875-6713
NLC.0108618 Colorado

Stephen Rhode, LLC

Diagnosis _____

How would you rate your current physical health

Poor Satisfactory Good Excellent

Please list any health problems that you are currently experiencing:

How would you rate your current sleep patterns

Poor Satisfactory Good Excellent

Please list any sleep problems that you are currently experiencing:

How would you rate your current eating habits

Poor Satisfactory Good Excellent

Please list any eating problems that you are currently experiencing:

Current medications (include prescriptions, over the counter, and vitamins)

What are your goals for therapy?

What else would be useful for me to know?

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