

Patient Intake Questionnaire

name:

date:

Magic Wand

imagine you had a magic wand and could change three things about yourself and your life.

What would they be?

- 1.
- 2.
- 3.

Symptoms

What 3 symptoms are most bothersome?

Strengths/Resources

(examples: What do you have in your life or do for yourself that really helps you? Is there anything you worked hard for and succeeded? Is there anything you are most proud of?)

Time Line: What major events have happened in your life?

[Write in above timeline: When you when last felt well? When each specific symptoms began. How symptoms have changed.]



[Write in below timeline: Major events (deaths, births, injuries, divorces, children, other). Anything else you think is important.]

Average Day

To the best of your ability please share the details of your average day...

What do you do during the day? (example: I wake up at _____ and then I _____, and then I usually _____, and then I usually _____... and then I go to bed at __)

What do you do for fun/pleasure/relaxation?

What brings you a sense of fulfillment?

Who do you connect with?

Do you have a spiritual practice?
If yes, please describe:

Making Changes

How much do you want things to change?

How wiling are you to make changes in your daily routine?

How confident are you that you can change your life?

How confident are you that any changes you make will help your situation?



very little *Kind of* *A lot*

comments:



very little *Kind of* *A lot*

comments:



very little *Kind of* *A lot*

comments:



very little *Kind of* *A lot*

comments: