

Therapy Intake Questions

Name:

Date:

1. What brings you to therapy at this time?

2. Have you ever been in therapy before? If yes, please provide some details about your previous experience.

3. Can you tell me a bit about your current and past mental health history?

4. Are you currently taking any medications? If yes, please provide the names and dosages.

5. Are there any significant life events or challenges that you are currently facing or have recently experienced?

6. How would you describe your support system? Who do you typically turn to for support?

7. Are there any specific goals or outcomes you hope to achieve through therapy?

8. Can you share any relevant information about your family and upbringing that might be impacting your current mental health?

9. Do you have any existing medical conditions or physical health concerns that may be relevant to your mental health?

10. Have you ever had any previous traumatic experiences or significant losses that may be impacting your mental health?

11. How would you describe your current level of functioning in various areas of your life, such as work, relationships, and self-care?

12. Are there any specific symptoms or behaviors that have been causing you distress or interfering with your daily life?

13. Have you ever been diagnosed with a mental health condition? If yes, please provide some details about the diagnosis and any treatment you may have received.

14. Are there any cultural or religious beliefs that are important to you and may influence your approach to therapy?

15. Is there anything else you would like me to know or anything specific you would like to discuss during our sessions?