NICOLE PIGGOTT, MHP, LMHC, ATR

NORTHWEST COUNSELING & ART THERAPY, LLC

STANDARD INTAKE QUESTIONNAIRE

I HAVE CONSOLIDATED MY INTAKE TO INCLUDE QUESTIONS FOR ALL MY CLIENTS (CHILDREN, ADOLESCENTS, ADULTS, & FAMILIES). THERE MAY BE SOME QUESTIONS THAT DO NOT APPLY TO YOU OR DO NOT APPLY TO YOUR CHILD/REN. PLEASE FILL OUT THIS QUESTIONNAIRE TO THE BEST OF YOUR ABILITY AND HONESTLY.

CLIENT NAME: _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

RELATIONSHIP TO CLIENT: _____

NAME OF PARENT/GUARDIAN: _____

RELATIONSHIP TO CLIENT: _____

SCHOOL CLIENT IS CURRENTLY ATTENDING: _____

GRADE LEVEL: _____

WHAT BRINGS YOU/YOUR CHILD TO COUNSELING AT THIS TIME? IS THERE SOMETHING SPECIFIC, SUCH AS A PARTICULAR EVENT? BE AS DETAILED AS YOU CAN:

_____

_____

_____

WHAT ARE YOUR GOALS FOR COUNSELING?:

_____

_____

_____

ARE YOU/YOUR CHILD CURRENTLY EXPERIENCING ANY CONCERNS RELATED TO:

_____ SELF-HARM _____ SUICIDAL THOUGHTS _____ SUBSTANCE USE

_____ DISORDERED EATING _____ HARMING OTHERS

1417 NW 54TH STREET, SUITE 380 SEATTLE, WA 98107

NICOLE@NORTHWESTARTTHERAPY.ORG

NICOLE PIGGOTT, MHP, LMHC, ATR

NORTHWEST COUNSELING & ART THERAPY, LLC

SPECIFY ALL MEDICATIONS AND SUPPLEMENTS YOU/YOUR CHILD ARE PRESENTLY TAKING AND FOR WHAT REASON?:

_____

_____

IF TAKING PRESCRIPTION MEDICATION, WHO IS PRESCRIBING MD? PLEASE INCLUDE TYPE OF MD, NAME, AND PHONE NUMBER.

_____

_____

WHO IS YOUR/YOUR CHILD'S PRIMARY CARE PHYSICIAN? WHO IS PRESCRIBING MD? PLEASE INCLUDE TYPE OF MD, NAME, AND PHONE NUMBER.

_____

_____

IF YOU ARE IN A RELATIONSHIP, PLEASE DESCRIBE THE NATURE OF THE RELATIONSHIP AND MONTHS/YEARS TOGETHER. .

_____

_____

DESCRIBE YOUR/YOUR CHILD'S CURRENT LIVING SITUATION. DO YOU LIVE ALONE, WITH OTHERS, FAMILY, ETC.

_____

_____

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? HIGHEST GRADE/DEGREE AND TYPE OF DEGREE.

_____

_____

WHAT IS YOUR CURRENT OCCUPATION? WHAT DO YOU DO? HOW LONG HAVE YOU BEEN DOING IT?

_____

_____

1417 NW 54TH STREET, SUITE 380 SEATTLE, WA 98107

NICOLE@NORTHWESTARTTHERAPY.ORG

NICOLE PIGGOTT, MHP, LMHC, ATR

NORTHWEST COUNSELING & ART THERAPY, LLC

HAVE YOU SEEN A MENTAL HEALTH PROFESSIONAL BEFORE? _____ YES _____ NO

DO YOU DRINK ALCOHOL? _____ YES _____ NO

DO YOU USE RECREATIONAL DRUGS? _____ YES _____ NO

DO YOU HAVE SUICIDAL THOUGHTS? _____ YES _____ NO

HAVE YOU EVER ATTEMPTED SUICIDE? _____ YES _____ NO

DO YOU HAVE THOUGHTS OR URGES TO HARM OTHERS? _____ YES _____ NO

HAVE YOU EVER HOSPITALIZED FOR PSYCHIATRIC ISSUES? _____ YES _____ NO

IS THERE A HISTORY OF MENTAL ILLNESS IN YOUR FAMILY? _____ YES _____ NO

PLEASE CHECK ANY OF THE FOLLOWING YOU HAVE EXPERIENCED IN THE PAST SIX MONTHS:

_____ INCREASED APPETITE
_____ DECREASED APPETITE
_____ LOW SELF-ESTEEM
_____ DIFFICULTY SLEEPING
_____ EXCESSIVE SLEEP
_____ LOW MOTIVATION
_____ FATIGUE/LOW ENERGY
_____ ISOLATION FROM OTHERS
_____ PANIC
_____ DEPRESSED MOOD
_____ LOW SELF-ESTEEM
_____ HOPELESSNESS
_____ TEARFUL OR CRYING SPELLS
_____ ANXIETY
_____ FEAR
_____ TROUBLE CONCENTRATING
_____ OTHER _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

_____ GASTRITIS/ESOPHAGITIS
_____ HIGH BLOOD PRESSURE.
_____ HEADACHE
_____ HEAD INJURY
_____ ANGINA/CHEST PAIN
_____ ARTHRITIS
_____ IRRITABLE BOWEL
_____ LOSS OF CONSCIOUSNESS
_____ CHRONIC PAIN
_____ BONE OR JOINT PROBLEMS
_____ KIDNEY-RELATED ISSUES
_____ SEIZURES
_____ HEART ATTACK
_____ CHRONIC FATIGUE
_____ DIZZINESS
_____ FAINTNESS
_____ HEART VALVE PROBLEMS
_____ FIBROMYALGIA
_____ URINARY TRACT PROBLEMS
_____ NUMBNESS/TINGLING
_____ DIABETES
_____ SHORTNESS OF BREATH
_____ HEPATITIS
_____ ASTHMA
_____ CANCER
_____ THYROID ISSUES
_____ HIV/AIDS
_____ HORMONE-RELATED PROBLEMS
_____ OTHER _____

1417 NW 54TH STREET, SUITE 380 SEATTLE, WA 98107
NICOLE@NORTHWESTARTTHERAPY.ORG

NICOLE PIGGOTT, MHP, LMHC, ATR

NORTHWEST COUNSELING & ART THERAPY, LLC

WHAT ELSE WOULD YOU LIKE TO ME KNOW?:

_____

_____

_____

_____

_____

_____

_____

_____

HOW DID YOU HEAR ABOUT NORTHWEST COUNSELING & ART THERAPY?

_____

_____

1417 NW 54TH STREET, SUITE 380 SEATTLE, WA 98107

NICOLE@NORTHWESTARTTHERAPY.ORG