Only One You Life Skills Educational Workshops –

Individualized Life Skills Educational Sessions

New Client Questionnaire

Welcome to OOY Individualized Life Skills Educational Sessions and thank-you for taking the time to answer the questions by filling out this form below. Please know that the information you provide is protected as confidential.

Please bring the completed form with you to your first session.

Name: _____ _____
(Last) (First)

Age: _____ Date of Birth: _____ /_____ /_____
MM/ DD/ YYYY

Address: _____
(City) (Postal code)

Phone: _____ May we leave a message? ___Y ___N
(Primary)

Phone: _____ May we leave a message? ___Y ___N
(Secondary)

Email: _____ May we email you? ___Y ___N

****Please NOTE: Email correspondence is not considered to be a medium for confidential communication.****

Name of Parent/Guardian (if under 18 years):

_____
(Last) (First) (Middle Initial)

Emergency Contact: _____
(Name – Last, First) (Relationship)

_____
(Phone)

Marital Status

____Never Married ____Common-Law ____Married ____Separated ____Divorced ____Widowed

Please list any children and their ages: _____

_____

How did you hear of our services: _____

_____

Referred by:

_____

HISTORY

Have you received any type of mental health services (psychotherapy, psychiatric services, etc.) before?

____No

____Yes When_____ Reason_____

Is there a family history of mental illness? ____Yes ____No

Have you or your family ever been hospitalized for mental/emotional illness? ____Yes ____No

If yes, please explain – (dates, reason)

_____

_____

Are you currently seeing a mental health professional? ____Yes ____No

Substance abuse/addiction history? ____Yes ____No

If yes, please explain_____

_____

_____

Are you currently involved ore have you previously been involved in the legal system?

____Yes ____No

What significant life changes or stressful events have you experienced recently or are currently experiencing? _____

_____

_____

_____

What/who are your current supports? _____

_____

_____

_____

MEDICAL INFOMATION

Doctor's name and phone number_____

May we send your doctor a short note, letting him / her know you've come to see us? (We do not release details other than your name, for referral purposes) ____Yes ____No

Are you currently taking any prescribed medications ____Yes ____No

If yes, please list_____

_____

_____

What is your understanding of a Life Skill? _____

_____

_____

What are 2 important goals that you would like to achieve while working with us?

_____

_____

Please tell us in your own words what brings you here today? _____

_____

_____

_____

General Health and Mental Health Information

1. How would you rate your current physical health?

____Poor ____Unsatisfactory ____Satisfactory ____Good ____Very Good

Please list any specific health problems you are currently facing _____

_____

_____

2. How would you rate your current ability to participate in your regular activities of daily living (bathing, dressing, eating, grooming, exercise, etc?)

____Poor ____Unsatisfactory ____Satisfactory ____Good ____Very Good

Please list any specific problems you are currently experiencing _____

_____
_____

3. How would you rate your current ability to participate in your regular Instrumental Activities of Daily Living (grocery shopping, driving, house chores, etc?)

____Poor ____Unsatisfactory ____Satisfactory ____Good ____Very Good

Please list any specific problems you are currently experiencing _____
_____
_____

4. How would you rate your current sleeping habits?
____Poor ____Unsatisfactory ____Satisfactory ____Good ____Very Good

Please list any specific sleep problems you are currently experiencing _____
_____
_____

5. Please indicate any current difficulties with your appetite or eating patterns _____
_____
_____

6. Are you currently employed ____Yes ____No

7. What is your current employment situation? _____
_____
_____
_____

Thank-you for your time and commitment to your personal well-being and for taking the time to fill out this questionnaire. Your form will be reviewed with you during your first Life Skills Education Workshop.