

Adult Questionnaire

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The purpose of this questionnaire is to get an initial picture of your background and things that might be influencing your wellness right now. By completing it fully, a great deal of valuable therapy interview time will be saved and allow me to help meet your needs. Be assured that all information is kept confidential. If there is a particular question that you do not feel comfortable answering at this time, indicate with a (x) sign next to that question. Please be aware that, often, issues that are discussed in therapy can sometimes cause distress and discomfort but will help us in our work to support your goals. Every effort will be made to assist you in working through these issues as they arise.

My name is:

I prefer to be called:

My current age is:

My marital status is:

Briefly describe the reason you or your partner/family are seeking therapy:

Have you ever been seen by a mental health professional in the past? If so, who and for what reasons?

Do you have a medical home, or primary care provider? If so, who?

Are you or your family member now or have you been in the past, on any medications for your mood or emotional problems? Please list names of medications and doses:

Does anyone in your family have psychiatric or mood problems, either diagnosed or undiagnosed? If so, who and what treatment have they received:

When did your presenting problem begin?

Describe important events that occurred about the time your problem began or that may have made it worse:

What solutions, if any, have you found helpful?

Describe briefly your current living arrangement and how you get along with each member of the household:

Are your significant other(s)/partner(s) supportive of your therapy?

Please rate the following dimensions of wellness on a **scale of 1-10**, with *10 being optimal* for that dimension.

Emotional -
Financial -
Social -
Spiritual -
Occupational -
Physical -
Intellectual -
Environmental -

