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## Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session. We will discuss your history and goals for therapy in more depth but this allows you to gather your thoughts as well as provide me with a little bit of material. Everything shared here will be protected as confidential information.

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile / Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Children? \_\_\_\_\_

Current Employment: \_\_\_\_\_

### General and Mental Health Information

Have you previously received any type of mental health services? If yes, what were your experiences?

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription medication or have you ever been prescribed psychiatric medication? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your current physical health? Do you exercise? Please list any specific health problems you are currently experiencing:

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How are your current sleeping and diet patterns? Have they changed recently?

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Are you currently experiencing sadness, grief or depression? If yes, for approximately how long? \_\_\_\_\_

Are you currently experiencing anxiety, panics attacks or have any phobias? If yes, when did you begin experiencing this? \_\_\_\_\_

What are your past or current hobbies? How about new activities you would like to try?

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What significant life changes or stressful events have you experienced recently?

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### **Family Mental Health History**

In the section below, identify if there is a family history of any of the following:

- Alcohol/Substance Abuse/Addiction
- Anxiety
- Depression
- Domestic Violence
- Eating Disorders
- Obsessive Compulsive Behavior
- Schizophrenia
- Suicide Attempts

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### **Additional Information**

Do you enjoy your work? Is there anything stressful about your current work? Would you like to try something new?

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Do you consider yourself to be spiritual or religious? If yes, describe your faith or belief:

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What do you consider to be some of your strengths?

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What do you consider to be some of your weaknesses?

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What would you like to accomplish out of your time in therapy?

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