



New Client Questionnaire

Please fill out the top section. The rest is optional, please share only what you feel comfortable sharing.

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Gender: _____ Preferred Pronouns: _____

Culture/ Ethnic/ Racial Identity: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Legal Guardians / Custody Agreement (if under 18): _____

How did you hear about Heart Wild? _____

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What brings you to therapy now? \_\_\_\_\_

Past Mental Health Diagnoses: \_\_\_\_\_

Have you been in therapy in the past (list dates and therapist names):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized? If yes, provide details: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Past Surgeries/ Significant Medical Procedures: \_\_\_\_\_

\_\_\_\_\_

Current/ Past Psychotropic Medications: \_\_\_\_\_

Have you ever been pregnant? \_\_\_\_\_

Have you experienced any pregnancy losses? \_\_\_\_\_

Family Mental Illness/Substance Abuse (consider immediate family, and relatives up to grandparents):

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Your Current Relationship Status: \_\_\_\_\_

Do you feel you struggle to control your alcohol or drug use? \_\_\_\_\_

Any past drug or alcohol abuse? \_\_\_\_\_

Have you experienced any trauma (abuse/neglect) in your life (yes/no)? \_\_\_\_\_

Highest Level of School Completed: \_\_\_\_\_

Current Employment Status and Location of Employment: \_\_\_\_\_

Preferred Sexual Orientation: \_\_\_\_\_

Please list whom you reside with, and their relationship to you: \_\_\_\_\_

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What are your favorite things to do in your free time?! \_\_\_\_\_

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What are your strengths, assets, positive attributes? \_\_\_\_\_

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