

New Client Questionnaire for Counseling and Art Therapy

Sally Giles, ATR-BC, LPC • (503) 929-8807 • sally@creativecounselingpdx.com
4445 NE Fremont St., Portland, OR 97213 • www.creativecounselingpdx.com

Contact Information

Name _____ Date _____

Address _____

Phone # 1 _____ OK to leave detailed voicemail? _____

Phone # 2 _____ OK to leave detailed voicemail? _____

Email _____ OK to email you about appointments? _____

Emergency Contact Name and Relationship to you _____

Address _____

Phone # 1 _____ Phone #2 _____

Client Information

Birth Date _____ Gender Identity _____ Sexual Orientation _____

Ethnicity/National Origin _____ Education _____

How and where do you spend most days? (work/school/parenting/volunteering/retirement etc.)

What cultural, religious or other traditions are important to you?

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Client Information

What brings you to art therapy or counseling at this time?

What are you hoping to gain from this experience?

Are you having suicidal thoughts or any other urgent concern right now? _____

Please list any prescription medications you are taking and for what purpose _____

Please describe your use of non-prescription drugs and/or alcohol, past and present

Are you currently seeing any other mental health professionals? Please list and describe

Are you currently experiencing physical health concerns? Please list and describe

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History

Please list and describe previous experiences with counseling, therapy or psychiatric hospitalizations

Is there a history of mental illness in your family? If so please describe _____

Please list any major medical illness, injury or physical or emotional trauma you have experienced

Relationships

What are the main relationships in your life now? (partner/spouse/parents/children/siblings/etc.)

| Name | Relationship to you | Briefly describe your relationship (close, strained, supportive, etc.) |
|------|---------------------|---|
|------|---------------------|---|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Relationships

What was your home like growing up – who lived with you, what were your relationships like, etc.

Resources

What are some things going well for you now

What are some things about you that you feel good about

What are the activities you enjoy – how often do you engage in them

What are the people, places and activities that bring you emotional and/or spiritual support

Any other significant information about your life and experience that you'd like me to know
