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Confidential Questionnaire

Last Name: _____ First & Middle initial _____

Address: _____

City/ State: _____ Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Home Phone: _____ May we leave a message? Yes No

Cell Phone: _____ May we leave a message? Yes No

Email Address _____ May we email you? Yes No

Emergency Contact:
Name: _____ Relationship: _____

Phone Number: _____

Primary Care Physician: _____

Phone Number: _____

Referral Source: _____

Phone Number: _____

What brought you here today?

Do you have any of these problems? Please indicate by placing an (x) by the problem

- | | |
|--------------------------|-----------------|
| Diabetes | Loss of hearing |
| Anemia | Arthritis |
| Cirrhosis | Stroke |
| High Blood Pressure | Back Pain |
| Cancer | Headaches |
| Fibromyalgia | Vision Problems |
| Difficulty with movement | |
| Other: _____ | |
| _____ | |

Are you receiving Social Security? _____ Supplemental Security Income? _____

Medications:

Have you been in therapy previously? _____ Why _____

Are you being seen by a psychiatrist? _____

Name: _____

Phone number: _____

Have you ever been diagnosed with a mental health issue? _____ When? _____

Type of mental health care received? _____

Are you having issues/symptoms that are a particular concern now? _____

Do you have a history of substance use? _____

What? _____

Treatment? _____

Maintenance for how long? _____

Employment

Full time _____ Part time _____ Retired _____ Student _____

What type of work? _____

Military Service yes _____ no _____

Branch _____ Years of service _____

Service connected disability: _____

Education

Highest grade completed:

Highschool _____ College _____ Master's degree _____

Have you or anyone in your family experienced instances of physical violence now or in the past?

Have you had problems with natural disasters (i.e.; flood, hurricane) or another traumatic event?

Others residing in your home:

Relationship:

1. _____

2. _____

3. _____

4. _____

In general, what is your reason for seeking counseling now?
