



Stepping Stones Holistic Psychotherapy, LLC

**INTAKE QUESTIONNAIRE
(Please Print)**

Name:

D.O.B:

Date:

Why are you seeking out therapy at this time in your life?

List the top three (3) current stressors in your life (e.g. relationship, school/work, finances, difficulty coping/managing stress, grief/loss issues, anger management issues, coping with acute or chronic medical issues, etc.):

1.

2.

3.

What goals would you like to achieve in psychotherapy?

Are you initiating psychotherapy or is someone else requesting/forcing you see a therapist? Explain:

Do you feel safe at home? _____ Yes _____ No (Explain):

How motivated are you for treatment at this time? (0 None– 10 Very)

Are you a Veteran? _____ Yes _____ No

Military branch(es) served in and years served: _____



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Psychological Assessment Form

Name:

D.O.B:

Date:

Current = Active symptom in past month. (Check off all that apply)
Onset = Date when it first occurred.
Severity = Mild (0-4); Moderate (5-7); Severe (8-10)
Frequency = Number of times a week you experience symptoms.

	Current	Onset	Severity	Frequency
Anxiety: General, Separation, Social				
Phobias: (Specify _____)				
Panic/Anxiety				
Difficulty with adjustment/changes				
PTSD				
Depression				
Suicidal Ideations				
Suicidal Attempts				
Homicidal Ideations				
Homicidal Attempts				
Bipolar (Depression with Mania)				
Manic episode(s)				
Alcohol: Intoxication/abuse/dependency				
Marijuana: Intoxication/abuse/dependency				
Amphetamine/Other Stimulants: Intoxication/abuse/dependency				
Hallucinogen: Intoxication/abuse/ dependency				
Inhalant: Intoxication/abuse/ dependency				
Opioid/Narcotic: Intoxication/abuse/dependency				
Sedatives: Intoxication/abuse/dependency				
Neurocognitive Disorder (Alz, dementia, TBI)				
Schizophrenia (hallucinations/ disorganized thoughts/paranoid)				
Obsessive-Compulsive Disorder				
Attention-Deficit Disorder (ADD)				
Hyperactive Disorder (HD)				
Eating Disorder				
Gambling Disorder				
Hoarding Disorder				
Sexual Dysfunction				
Intellectual Development Disorder				
Other: _____				

