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New Therapy Patient Questionnaire

*Please fill out the following pages with as much detail as you can.
You may wish to ask family or friends to help you remember details before your appointment.*

Name: _____ DOB: _____ Date: _____

Who is filling out this questionnaire? Self Other _____

Who do you live with? parent child spouse friend relative alone

How long have you lived in the current place?

History

Who raised you? Biological / adoptive / foster / step parents / other _____, until what age? _____,

Describe your caretakers (type of work, personality, etc):

Where did you grow up?

When growing up, how many brothers: _____ and sisters: _____

List their names and current ages:

What type of relationship did you have with your parents?

What type of relationship did you have with your brothers/sisters?

How was your social adjustment growing up:

Very good Good Average Marginal Poor.

Extracurricular Activities (sports, band, ROTC, etc) :

Social Activities (friends, dating, hobbies):

Education:

Years of school _____ HS diploma Years of College _____ Degrees:

Grades: very good good average marginal poor
 Grades Repeated: _____

Describe any discipline problems in school (suspensions, police intervention, etc):

Describe any special educational services, classes, accommodations, or other help you were given in class or testing

Current and Past Substance use (e.g., alcohol, marijuana, prescription drugs, etc)

<i>Substance</i>	<i>Age Started</i>	<i>Last Used</i>	<i>Frequency of Use</i>	<i>Problems Caused?</i>	<i>Treatment?</i>

Past criminal charges (i.e., reckless driving, DWI, theft, assault, etc.)

<i>Legal Charge</i>	<i>Date</i>	<i>Result (incarceration, parole, etc)</i>

History of fights/assaults:

Work History

Are you currently employed? Yes No

What is your occupation? _____ Length of time at this job:

Describe any times in the past 12 months that your mental/emotional complaints caused you to miss work:

Previous Work History (start from most recent job)

<i>Position</i>	<i>Start Date</i>	<i>Duration</i>	<i>Fired?</i>	<i>Reason for Leaving</i>

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Use Back of Page if Necessary

Military History

Please list branch of service, start and stop dates:

Marital/Relationship History:

Current Marital Status: Married Divorced Separated Live with partner but not married

Describe your current relationship:

Past Marital History

<i>Start Date</i>	<i>Duration</i>	<i># of Children</i>	<i>Reason for end of marriage</i>

Describe your current relationship with your children:

Who do you spend the most time with? (e.g., spouse, family, friends, etc):

Describe your current social interaction and your level of satisfaction with it:

How do you feel others in your life view you?

Hobbies / Pastimes:

Pain History

Do you have chronic pain?

If so, where does it hurt?

When did your current pain begin?

What happened?

Medical History

List any serious medical problems, surgeries, etc. (start with most recent):

<i>Illness</i>	<i>Date treated</i>	<i>Current Meds</i>	<i>Length of Hospitalization</i>

History of Psychiatric care (inpatient, outpatient, etc., start with most recent):

<i>Problem</i>	<i>Start Date</i>	<i>Current Meds</i>	<i>Counseling</i>

History of suicide attempts (list dates, what was going on, how you tried to harm yourself, and what happened):

Family history of psychiatric problems:

Other information

What else would you like for me to know?

What have you tried so far that has helped or not helped?

What do you think is needed to help now?

What are your goals for treatment?

Preparing for Change

Please rate the following:

Your readiness for change	Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready
Challenge of changes needed	Very Easy 1 2 3 4 5 6 7 8 9 10 Very Difficult
Your capability to meet those challenges	Not Capable 1 2 3 4 5 6 7 8 9 10 Very Capable