Leigh Anne Randa, Ph.D.
Friendly Psychology
Clinical Psychologist
ca psy 28028
mo psy 2017008027

Confidential Client Questionnaire and Intake Form

Please provide the following information and answer the questions below and bring to your first session.
Please note: information you provide here is protected as confidential information.

Name:

_____
(Last) (First) (Middle)

Address: _____
(Street and Unit)

_____
(City, State, zip code)

Date of Birth: _____/_____/_____ Current Age: _____ Gender: M F

Marital Status:
☐ Never Married ☐ Domestic Partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Names/Ages of children: _____ _____
_____ _____
_____ _____

Home Phone: _____ Okay to leave message w/confidential information? Y N
Cell Phone: _____ Okay to leave message w/confidential information? Y N
Email address: _____ Okay to leave message w/confidential information? Y N

Please note: Dr. Randa PhD/Friendly Psychology uses a confidential HIPAA compliant email service, Hushmail for Healthcare, for transmission of email. However, this email SHOULD NOT be used to transmit information if you are having a mental or physical health care crisis or have thoughts of harming yourself or other. Please call 911, or go to your nearest Emergency Room.

Chief Complaint (in your own words): _____
_____
_____
_____

In CASE of EMERGENCY, whom should we contact:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

Payment for services is due at the time of your session(s) unless otherwise agreed to by Provider.

Have you previously received any type of mental health services (psychotherapy, psychiatric services, inpatient hospitalization, etc.)? Y N
If Yes, please describe:
_____
_____
_____

Would it be okay for Dr. Randa, PhD/Friendly Psychology to contact previous/current providers such as your Psychiatrist, Primary Care, previous/current therapist? Y N

Please provide contact information for the Provider(s) you wish Dr. Randa to collaborate care with:

Are you currently taking any prescription medication? Y N
If Yes, please list (please include medical marijuana use here if applicable):
_____
_____
_____

Have you ever been prescribed psychiatric medication? Y N
If Yes, please list with approximate dates:
_____
_____
_____

Have you served in the military? If yes, please indicate service branch and deployments:
_____
_____
_____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. Please describe your current physical health and any major medical issues or concerns you have?

2. Please describe your current sleep habits, that is average hours you sleep, bedtime, wake time, do you feel refreshed on waking?

3. How many times per week and what types of exercise do you routinely engage in?

4. How often and in what quantities do you drink alcohol?

5. Do you engage in recreational drug use? Please indicate type, quantity, frequency (Please include recreational marijuana use here):

6. Please answer the following questions and list any difficulties you experience with your appetite or eating patterns:

   Has your appetite changed over the past several weeks? Please describe:

   How many caffeinated beverages do you drink daily?

   Do you crave sugary foods?

   When is your first meal of the day?

   How often during the day do you drink water? How much?

   Do you drink "diet" beverages or use artificial sweeteners?

   Have you gained or lost weight in the past two months? If yes, how much?

   Do you ever eat very large amounts of food in a short time period? If yes, please describe:

7. Are you currently experiencing overwhelming sadness, grief, or depression: Y N
   If Yes, for approximately how long and when did it start:

8. Are you currently experiencing anxiety, panic attacks or have any phobias? Y N
   If Yes, please list your symptoms experienced, specific phobias, and approximate date when you began experiencing:

9. Do you have thoughts of harming yourself or think about killing yourself or not wanting to live?

10. Are you currently in a romantic relationship: Y N
If Yes, for how long?

11. Who is in your network of people that you turn to for support? Please describe:

12. Family of Origin:
    a. Where were you born and raised?

    b. Please list your siblings and their approximate ages:

    c. Please briefly describe your childhood:

    d. What is the relationship with your parents like now? With your siblings?

13. What significant life changes or stressful events have you experienced:

14. Have you experienced life events that **you** would consider traumatic, even if others might not? Please describe:

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FAMILY MENTAL HEALTH HISTORY

In the section below please identify if there is a family history of any of the listed difficulties/diagnoses. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.)

	Please circle		List Relationship
Alcohol/Substance Abuse	Y	N	
Anxiety	Y	N	
Depression	Y	N	
Domestic Violence	Y	N	
Mania	Y	N	
Obesity	Y	N	
Obsessive Compulsive Behavior	Y	N	
Schizophrenia	Y	N	
Suicide Attempts	Y	N	

ADDITIONAL INFORMATION

1. Are you currently Employed/School: Y N
   Please list Employee/School_____
2. Occupation/Grade: _____
3. Do you enjoy your work/school? Is there anything stressful about your current work/education? Please describe:
4. Do you consider yourself to be spiritual or religious? Y N
   If yes, do you believe this contributes to your sense of self? Would you like to incorporate your spirituality into your therapy?
5. How much time do you spend daily online, including phone and associated applications/games, computer (entertainment and work), online social media etc.? Please describe:
6. What do you consider to be some of your strengths?
7. What do you consider to be some of your weaknesses?

8. Do you have any financial concerns/issues? Please describe:

9. Do you have any legal concerns/issues? Please describe:

10. What would you like to accomplish out of your time in therapy?

Thank you for taking the time to thoughtfully complete this questionnaire. Your Provider will review your answers with you and use this information as a starting point in understanding the difficulties you are currently experiencing.

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