

**THE CHRYSALIS GROUP INC.
INTAKE QUESTIONNAIRE**

Name: _____ Date _____

Address: _____ Email address: _____

(note restrictions in contract)

Phone: (W): _____ (H) _____ (cell) _____

Name of Employer _____

Referred by _____ ___ Friend ___ Family ___ Professional ___ Other

Reason for Initial Visit: _____

PERSONAL INFORMATION

Date of Birth: _____ Occupation: _____

Race/Ethnicity: _____ Religion: _____

Marital Status: _____ # of Years Married/Together _____

Partner's Name: _____

Children:	Names	Ages
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Previous Marriages/Long Term Relationships? If yes, explain, how long, etc.

FAMILY OF ORIGIN

Father: Name: _____ Current Age: _____

If deceased, age and cause of death: _____

Occupation: _____

Personality: _____

Relationship with him: _____

Mother: Name: _____ Current Age: _____

If deceased, age and cause of death: _____

Occupation: _____

Personality: _____

Relationship with her: _____

Siblings:	Name	Age	Occupation	Marital Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Relationships Among Siblings: _____

Geographic Region of Childhood: _____

Unusual childhood illnesses or injuries: _____

Socioeconomic Status of Family: _____

EDUCATION/OCCUPATION

Highest Degree or Grade Completed: _____

Schools Attended: _____

Field or Degree: _____

Job History: _____

HABITS

Please indicate any use of:

Tobacco (# of cigarettes, etc. per day): _____

Alcohol (frequency and amount): _____

Nonprescription Drugs: _____

MEDICAL STATUS

Current Health Status: _____

Current Medications: _____

Names of Medical Doctors: _____

Past Surgeries and/or Major Illnesses: _____

PSYCHIATRIC HISTORY

Have you had prior treatment for emotional issues?

	Dates	Diagnosis/Treatment
Inpatient:	_____	_____
	_____	_____
Outpatient:	_____	_____
	_____	_____

Have you ever: _____ Considered taking your life? _____ Attempted to take your life?

Has anyone in your immediate or extended family had emotional, psychiatric, or substance abuse problems? If yes, explain.

LEGAL

Have you ever been arrested? If yes, explain.

Are you currently involved in any legal actions?

ANY OTHER INFORMATION IMPORTANT FOR ME TO KNOW?

