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CLIENT QUESTIONNAIRE

Name: _____ Date: _____

Tell me about the problem you are having/reason you are seeking therapy? (When did it begin? How has it affected you?)

Can you identify any strategies and/or resources that you have used in order to cope with this problem?

Suicidal and Homicidal Ideation/Behaviors and Self Harm:

Have you ever experienced or engaged in the following:

| | | | | |
|-------------------------|-------------|--|-----------|--|
| Danger to Others: | In the past | <input type="checkbox"/> No <input type="checkbox"/> Yes | Currently | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Danger to Self: | In the past | <input type="checkbox"/> No <input type="checkbox"/> Yes | Currently | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Non-Suicidal Self Harm: | In the past | <input type="checkbox"/> No <input type="checkbox"/> Yes | Currently | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If you answered "Yes" to any of the above questions, please explain what happened:

Have you had any experiences that you would describe as influencing your life significantly, positively or negatively? No Yes. This might include abuse, important life decisions, or a negative event. If yes, please explain (e.g. what happened, how old were you, how did you cope with it, how does it affect you currently).

Have you ever been in treatment for mental health reasons (therapy, medication, hospitalizations)? No Yes. If yes, please describe (where, when, who did you see, for what purpose):

Do you have any current medical conditions? No Yes If yes, please explain.

Do you currently take any prescription medication? No Yes If yes, please describe diagnosis, dosage, and prescriber.

Do you use alcohol or other substances? No Yes If yes, please describe (i.e., what do you use, has it ever become problematic).

Do you engage in any behaviors repeatedly to deal with your problems (e.g., gambling, shopping, porn, internet, eating)? No Yes If yes, please describe.

Please describe the family you grew up in (who raised you, where did you grow up, who took care of you, how were emotions expressed).

Is there any history of mental illness in your family? No Yes If yes, please describe who and diagnosis/problem.

Please describe your current family or significant relationships. What is your current living situation?

In an effort to understand individual's unique identities, please describe any identities that may be salient and/or important to you. This may include race/ethnicity, sexual orientation, gender, SES, religion, values/beliefs, familial culture, etc.

Are you currently employed? No Yes. If yes, please describe your position and employer.

Are you currently a student? No Yes. If yes, please state your college, major, and year in school. If no, please describe your educational background.

Is there anything that I have not asked you about that you would like me to know?

What do you hope to get out of coming to therapy?