

K. Benjamin Knipe, Psy.D.

Licensed Psychologist 25758

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Client Information Questionnaire

If you are in a relationship, please describe the nature of the relationship and months or years together.

Describe your current living situation. Do you live alone, with others, with family, etc?

What is your level of education? (highest grade/degree and type of degree)

What is your current occupation? What do you do? How long have you been doing it?

Do you have any medical issues or ongoing medical treatment? YES / NO (If yes, please explain)

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What leads you to seek help at this time? Is there something specific, such as a particular event? Please be as detailed as you can, and feel free to use the other side of this page.

What are your goals for working with me? What do you hope will change?

Have you ever been hospitalized for a psychiatric issue? YES / NO (If yes, please explain)

Is there a history of mental illness or substance abuse in your family? YES / NO (If yes, please explain)

Do you have thoughts or urges to harm others? YES / NO (If yes, please explain)

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Have you ever attempted suicide? YES / NO (If yes, please explain)

Do you currently have suicidal thoughts? YES / NO (If yes, please explain including how recently these thoughts occurred and how often they occur)

Have you seen a mental health professional before? YES / NO (If yes, please explain)

List all medication and supplements you are currently taking and for what reason.

If you are taking prescription medication, please write the name of the doctor who prescribes the medication, and her/his phone number.
