



511 Northern Hills Dr NE, Suite #2  
Rochester, MN 59906  
507-923-7321

## Intake Questionnaire

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Below are several standard questions we ask in order to better serve you. Provide as much detail as you would like; you can verbally provide more detail at your appointment, if you wish.

### Reason for Visit

What is the reason that brought you here today?

Did someone recommend you make this appointment? If so, who? \_\_\_\_\_  
and why did he/she recommend making an appointment?

### Current Life Situation

Your date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

With whom do you currently live?

First name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Age \_\_\_\_\_  
First name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Age \_\_\_\_\_  
First name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Age \_\_\_\_\_  
First name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Age \_\_\_\_\_  
First name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Age \_\_\_\_\_

Are you satisfied with your current living situation?

Do you live in an environment that is safe and free from verbal, emotional, or sexual abuse? \_\_\_ YES, \_\_\_ NO

What is your highest level of education?

- \_\_\_ Some high school (Last grade completed?) \_\_\_\_\_
- \_\_\_ High school graduate
- \_\_\_ Some college
- \_\_\_ College graduate
- \_\_\_ Some graduate level courses
- \_\_\_ Completed graduate degree(s)

Are you currently employed? \_\_\_ YES, \_\_\_ NO, \_\_\_ Student  
\_\_\_ Full-time, \_\_\_ Part-time?

Briefly describe your social support network. Do you feel adequately supported in your relationships? Who are your main supports?

What is currently going well for you? What would you say are your strengths?

What do we need to know about your spiritual or cultural background in order for us to be helpful to you?

What makes the problem (that brought you here today) worse or harder to manage?

Do you currently use \_\_\_ alcohol, \_\_\_ tobacco, or \_\_\_ other substances?  
Do you have any concerns about your use of alcohol, tobacco, or other substances?

How would you describe your current physical health?

When was your last physical exam? \_\_\_\_\_  
What were the results?

Who is your primary care physician? \_\_\_\_\_

What primary care clinic do you use? \_\_\_\_\_

What medications are you currently taking? (Please include those you are taking for both physical and/ or emotional issues. Or, you may attach a list from your clinic.)

Have you ever had a head injury? \_\_\_ YES, \_\_\_ NO  
If yes, please briefly describe.

Have you had any significant childhood injuries or illnesses? \_\_\_ YES, \_\_\_ NO  
If yes, please briefly describe.

As a child, were you affected by maltreatment, trauma, or abuse? \_\_\_ YES, \_\_\_ NO

As an adult, were you affected by maltreatment, trauma, abuse? \_\_\_ YES, \_\_\_ NO

Have you ever struggled with addiction? \_\_\_ YES, \_\_\_ NO  
If yes, please briefly describe.

Please list below the names and dates of any previous chemical or mental health treatment:

Name of Agency: Reason for treatment: Dates of treatment:

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What medications (for mental health issues) have you tried in the past? What was the result?

Have you ever had thoughts of harming yourself/ someone else? \_\_\_ YES, \_\_\_ NO  
Do you currently struggle with these thoughts? \_\_\_ YES, \_\_\_ NO

Has anyone in your family struggled with addiction or mental health?

Relationship to you

Type of Problem

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Please describe any spiritual/ cultural/ family influences currently impacting you and/ or the problem that brought you here today:

What would you like to accomplish in your time here at Riverstone?

Thank you for taking the time to complete this questionnaire. Please return it at your next appointment.