

# Kasner Counseling Center

*Developing Strength*

*Achieving Growth*

---

## Kyle Kasner, LMFT

Kasner Counseling Center

511 Brookside Ave.

Redlands, CA 92373

951-703-1912

(f) 909-495-1759

www.KyleKasner.com

FamilyTherapy101@gmail.com

LMFT879328

## Patient Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Referred by \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_

Educational level \_\_\_\_\_ Occupation \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Emergency contact information (name, phone number, relation)

Explanation of how patient may be contacted by therapist \_\_\_\_\_

**Financial Information:** Annual household income \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

How do you intend to pay for treatment? (cash, check, charge) \_\_\_\_\_

Areas of Concern What issues/concerns causes you to seek treatment? Please describe.

---

---

---

---

Do you have any specific goals with regard to your treatment?

---

---

Do you have any particular concerns/fears with regard to treatment?

---

**Psychological History:**

Have you ever received mental health treatment before? \_\_\_\_\_

When and for how long? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

Name of treating therapist(s), address(es), telephone number(s)

---

*Authorization for release of confidential information will be needed so that any former therapist may be contacted.*

Have you ever been subjected to one or more psychological tests? If so, by whom?

---

Name of person(s) administered psychological tests, address(es), telephone number(s)

---

*Authorization for release of confidential information will be needed so that any test administrator may be contacted.*

Have you ever been hospitalized for mental or emotional problems? When and for how long?

---

Why were you hospitalized? \_\_\_\_\_

Name of treating therapist, address, telephone number \_\_\_\_\_

Are you currently taking any prescription medications? Prescribed by whom?

---

How long have you been on the medications? \_\_\_\_\_

Have you ever taken any medications for a mental or emotional condition? When and for how long?

---

Have you ever attempted suicide? When?

---

Describe the circumstances that led to that attempt.

---

---

Are you currently having any suicidal thoughts? Please describe

---

---

Please describe your childhood.

---

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.

---

---

Have you ever been a victim of a violent crime? Please describe

---

---

**Medical History:**

Have you ever been diagnosed with a serious illness? Please describe

---

---

Do you have any medical conditions that may affect your mental health treatment?

---

Please describe your overall health today.

---

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe.

---

---

Have you ever been in a 12-step program? Please describe.

---

Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ On average, how much alcohol do you consume in a week? \_\_\_\_\_

Do you currently, or have you ever, use illegal drugs? Please describe your use

---

---

Family of Origin History

Mother's name, age, living/deceased, patient's age at the time of mother's death, description of relationship with mother.

---

---

---

Father's name, age, living/deceased, patient's age at the time of father's death, description of relationship with father.

---

---

---

Names and ages of siblings. \_\_\_\_\_

**Other Information**

Please describe your spiritual identity/orientation. \_\_\_\_\_

Please describe your interests/hobbies \_\_\_\_\_

Are you now or have you ever been involved in a lawsuit? \_\_\_\_\_

Please describe. \_\_\_\_\_  
\_\_\_\_\_

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested.

---

---

---