



SANKOFA LIFE SOLUTIONS, PLLC

Client Symptom Intake Questionnaire

Have you seen a mental health professional before? If yes, when?

What brings you to counseling at this time? Please be specific.

What are your goals for counseling?

Who is your primary care physician? Please provide their name and phone number.

Have you ever been hospitalized for a psychiatric issue?

Have you ever attempted suicide?

Are you having suicidal thoughts?

Do you have thoughts or urges to hurt others?

Is there a history of mental illness in your family?

Do you smoke?

How much caffeine do you consume?

Do you drink alcohol?

Do you use recreational drugs?

If you are in a relationship, please describe the nature of the relationship:

What is your living situation? (live alone, with family, pets, etc.)

What is your current occupation?

What is your highest level of education?

Please check any of the following you have experienced in the past six months:

- | | |
|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Crying spells |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Financial worries |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Life changes | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Attention/Focus | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Loss of loved one | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Guilt/Shame |
| <input type="checkbox"/> Self-harm | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Job stress |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Decreased activity |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Loss of interests |
| <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Appetite change |

Are there any other symptoms you are experiencing that are not listed?:
