

Bryan J. Mall

MA, Licensed Marriage and Family Therapist #102655

Phone: (925) 338-1244

Email: Bryan@mallmft.com

1652 W. Texas St., Suite 242

Fairfield, CA 94533

Patient Questionnaire

General Information

*Name:	*Date:
*Preferred Phone:	2 nd Phone:
*Preferred E-Mail:	2 nd E-mail:
*Address:	
*Date of Birth:	Age:
Gender:	Woman: ___ Man: ___ Transgender: ___ Transman: ___ Transwoman: ___ Gender Nonconforming: ___ Other: _____
Orientation:	Straight: ___ Gay: ___ Lesbian: ___ Bisexual: ___ Asexual: ___ Queer: ___ Questioning: ___ Other: _____ Prefer not to answer

Emergency Contact

*Name:	*Relationship:
*Preferred Phone:	2 nd Phone:

Goals for Treatment

*Briefly describe your current concerns, issues, or problems you wish to resolve:
*How long have you been dealing with these concerns, issues, or problems?

*Required Entries

Relationship Status

Are you presently married or involved in a relationship? Yes/No
If Yes, please provide the name(s) of your partner(s):

Have you been married previously? Yes/No

*If you are married, or in a relationship, rate your level of contentment/happiness in the relationship on a scale of 1 to 10 (Number 10 indicates a sense of being very or extremely happy and the number 1 indicates a sense of being extremely unhappy). Briefly explain the rating you gave:

*On a scale of 1 to 10, describe your level of commitment to your relationship (Number 10 indicates a sense of being very committed and the number 1 indicates a sense of not feeling at all committed). Briefly explain the rating you gave:

Legal History

Have you been ordered by the court to participate in this therapy? Yes/No
If yes, you may be required to supply supporting documentation such as a copy of the court order. Additionally, please discuss what involvement you want from the therapist (if any).

Are you currently involved in any kind of litigation or legal dispute? Yes/No
If yes, please explain (i.e., custody dispute, dissolution proceedings, etc.):

Income/Employment Status

Source of Income: Employment: ___ Unemployment: ___ Spouse/Significant Other: ___
Social Security: ___ Short Term-Disability: ___
Other: _____

Current Employment Status (Please check all that apply): Working Full-Time: ___
Working Part-Time: ___ Retired: ___ On medical leave: ___
Unemployed and looking for work: ___ Not employed due to other reasons ___
Full-Time Student: ___ Part-Time Student: ___

Education Information

Please check the *highest* level of education/degree you have received:
Elementary, Grades 1-8: ___ Some High School (no diploma): ___
High School Diploma/GED: ___ Some College (no degree): ___
Technical/Trade School Graduate: ___ Associate's Degree: ___ Bachelor's Degree: ___
Master's Degree: ___ Doctoral Degree (i.e., PhD, EdD, etc.): ___

*Required for Couples Therapy only

Alcohol/Substance Use

On average, how much alcohol do you consume each week?

Please describe any other substance use (i.e. marijuana, methamphetamine, cocaine, etc.):

Psychological History

Have you participated in counseling/therapy before? Yes/No

Please describe any previous mental health treatment:

Have you ever had suicidal thoughts or suicide attempts? Yes/No

Please describe these thoughts or attempts:

Have you ever been prescribed medication to assist with thoughts, emotions, or moods? Yes/No

Please describe these medications and explain if you are currently taking these medications: