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**Psychologist License PSY 9077**  
**NEW CLIENT INITIAL QUESTIONNAIRE**

Please complete this before your first session. Completing this questionnaire will help us better understand your needs and develop a comprehensive plan together. Thank you for taking the time to fill out this form.

Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Who Referred You? \_\_\_\_\_ Referrer's phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ PCP's Phone \_\_\_\_\_

Current Therapist (if applicable) \_\_\_\_\_ Therapist's Phone \_\_\_\_\_

Current Prescribing Psychiatrist/Psychopharmacologist (if applicable) \_\_\_\_\_

Prescriber's Phone \_\_\_\_\_

What are the reason(s) you are seeking help?

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What are your treatment goals?

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Have you ever been in counseling or therapy before? If so, explain (when, why, and what type of treatment).

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**Current Living Situation**

Please list all immediate family members as well as other people currently living in your home.

Put a star (\*) next to the people that currently live with you.

Name/Age/Relationship to you/Occupation or Grade

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**Social History**

Where were you born? \_\_\_\_\_ Where did you grow up? \_\_\_\_\_  
How many siblings do you have? None \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_  
Did you suffer from any major illnesses/injuries while you were growing up?  Yes  No  
If so, please describe.

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Please describe your childhood (add additional pages if needed).

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Highest level of education: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of study: \_\_\_\_\_

What is your current employment status?

Employed (Where and what do you do? How long have you worked at your current job? )

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Retired - from and when \_\_\_\_\_

Unemployed (reason) \_\_\_\_\_

What types of jobs have you had in the past?

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Are you currently involved in a romantic relationship?  Yes  No

Relationship Status:  Single  Dating  Life Partner  Married  Divorced  Widowed

Spouse/partner's name: \_\_\_\_\_ How long have you been together? \_\_\_\_\_

How would you describe your relationship?

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Do you feel you have a strong support system (family, friends)?  Yes  No

Please describe your interests and hobbies.

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Please describe your spiritual orientation and how important religion/spiritual beliefs are in your life?

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Have you had any legal issues (e.g., arrests, charges, time in jail)?  Yes  No. If so, please describe.

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**Medical history**

Do you have any physical symptoms that concern you?  Yes  No If Yes, please list:

Do you have any concerns regarding your health?  Yes  No If Yes, please list:

Are you currently being treated for any medical conditions?  Yes  No If Yes, please list:

Are there any specialists involved in your care?  Yes  No  
If Yes, please list name of provider, specialty, and reason for seeing them:

**Medications**

Please list all *non-psychotropic* medications you are taking currently, including any vitamins or herbal supplements.

Medication name/Dosage/Reason for taking/Is it effective?/Any side effects?

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**Mental health history**

Have you been ever diagnosed with a mental health condition (e.g. Depression, bipolar, schizophrenia, ADHD)? If so, please list all conditions or diagnoses:

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Have you ever experienced verbal, physical, emotional, or sexual abuse? Or been the victim of a violent crime? If so, please describe.

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Have you ever been hospitalized for a psychiatric reason?  Yes  No  
If Yes, please list and describe.

Date/Location and reason/Type of treatment during stay

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Have you ever taken any medications for emotional, behavioral, or psychological reasons?

Yes  No If yes, please list all medications, including ones you no longer take.

Dates/Medication name/Reason for taking/dosage/Was it effective?/Any side effects?

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### **Substance Use and Addiction History**

Please describe your experience/history with alcohol or other substances.

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How much alcohol (drinks) do you currently consume per week?

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How many hours per week do you spend on the internet for other than work purposes? \_\_\_\_\_

Do you look at internet porn? If so describe this, including how many hours you spend per week per week using porn? \_\_\_\_\_

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Do you consider yourself to have a problem with internet pornography or sexual addiction?

If yes, describe:

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### **Family Mental Health History**

Is there any known history in your family of any of the following conditions – Alcohol or drug abuse; Anxiety/panic/phobia/OCD; Schizophrenia; Depression; Bipolar Disorder; Eating Disorder (bulimia; anorexia)/Inpatient psychiatric hospitalizations/Prior attempted or completed

suicides? If so, please describe:

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**Safety**

Do currently have thoughts of hurting yourself or ending your life?  Yes  No  
If so, please describe.

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Have you ever attempted suicide?  Yes  No  
If so, please explain.

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Do you engage in self-harm behaviors like cutting, burning, picking, or other forms of self-injury?  Yes  No  
If so, please describe.

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CHECK ITEMS THAT APPLY TO WHAT YOU HAVE BEEN EXPERIENCING RECENTLY:

- headaches
- dizziness
- stomach problems or bowel problems
- feel tense
- irritable
- unusual thoughts
- strange experiences
- weight change
- always tired
- can't go to sleep
- racing thoughts
- work conflict
- nightmares
- sexual problems
- financial problems
- depressed/sad
- panicky feelings
- feel hopeless

- always worried
- unable to relax
- feel worthless
- hard to make decisions
- thoughts of suicide
- enjoy high-risk situations
- binge/purge
- test anxiety
- career/future confusion
- can't stay asleep
- ready to explode
- unable to work/study
- can't get interested
- can't have a good time
- trouble concentrating
- can't make/keep friends
- fear loss of self-control
- feel apart from family
- fear things I shouldn't
- conflict within family
- thoughts of self-harm
- acts of self-harm
- motivation challenges

OTHER current feelings or symptoms not mentioned above:

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If you would like to write down other information, you may do it below or provide it in a separate written communication to me. Thanks for taking the time to fill this out!