2496 E Street, #2A
San Diego, CA 92102
P 619.407.9424
F 888.965.5102
michaeljuan@outlook.com

Intake Questionnaire

Date: _____/_____/_____ Name: ____ DOB: _____/_____/_____

What would you like help with today? ____

____

____

Please list medications and regimen you are currently taking: ____

____

____

Do you use…?	If yes, what kind(s)?	How often and how much?	For how long? (#years)	Ever tried to quit? (# times)	Is using a problem for you?	Ever get help to stop?	√ Yes if still using
Tobacco							
Caffeine							
Alcohol							
Other drugs							

In the past, have you ever received or participated in… (Mark the corresponding box and describe)		
	✓ Yes	*Provider name, when/length of time, purpose?*
Psychiatric Medication		
Psychotherapy		
Substance Abuse Treatment		

Family History	
Mother: Age____ ☐ Living ☐ Deceased – Cause:	
Father: Age____ ☐ Living ☐ Deceased – Cause:	
Sibling 1: Age____ ☐ Living ☐ Deceased – Cause:	
Sibling 2: Age____ ☐ Living ☐ Deceased – Cause:	
(If others, please detail in comments section below)	
Condition:	*Family Member*
Alcohol/Drug Issues	
Mental Health Issues	
Other Serious Illness	

2496 E Street, #2A
San Diego, CA 92102
P 619.407.9424
F 888.965.5102
michaeljuan@outlook.com

What effective things do you already do (or have done in the past) that help you to feel good?: ________________

____

____

Is there anything else I should know about you today? Comments?: _____________________________________

____

____

____