

Jocelyn Perkins, MA, LPC  
New Patient Questionnaire/Psychosocial History

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Referred By? \_\_\_\_\_

I am coming to therapy because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious Preference (current): \_\_\_\_\_ Religious Upbringing: \_\_\_\_\_

**Relationships:**

Marital Status: Married: # of years \_\_\_\_\_ Separated Divorced Widowed Single

If single, are you dating? \_\_\_\_\_ How long? \_\_\_\_\_ Are you: Heterosexual Homosexual Other

Previous marriages? If so, please state number of years married and if any children were produced:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have close friends? \_\_\_\_\_

Are your parents still living? Mother Father

Briefly describe relationship with them: \_\_\_\_\_  
\_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters

Briefly describe relationship with them: \_\_\_\_\_  
\_\_\_\_\_

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**Employment:**

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you satisfied with your job? \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Military Experience: \_\_\_\_\_

**Emotional Health:**

My usual state of mind is:

Happy	Depressed	Scared	Confused
Calm	Alone	Angry	Anxious
Excited	Worried	Hopeless	Guilty
Other:	_____		

Are there any notable events in your past that affect your current mental health? (Divorced parents, past assault, etc): \_\_\_\_\_

\_\_\_\_\_

When depressed or anxious, what are your typical coping skills? \_\_\_\_\_

\_\_\_\_\_

Have you ever tried to commit suicide? \_\_\_\_\_ Have you ever thought about killing someone else? \_\_\_\_\_

**Health:**

Do you have any health issues? \_\_\_\_\_

What medications do you take (include prescription, vitamins, and supplements): \_\_\_\_\_

\_\_\_\_\_

How many hours of sleep do you get at night? \_\_\_\_\_ Do you wake refreshed? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If so, how much and how often? \_\_\_\_\_

Do you ever feel like your consumption of alcohol creates any problems? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How many packs/day? \_\_\_\_\_ Would you like to quit? \_\_\_\_\_

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Do you take any recreational drugs? \_\_\_\_\_ What kind and how often? \_\_\_\_\_

Do you ever feel like your consumption of recreational drugs creates any problems? \_\_\_\_\_

**Misc:**

Are you involved with the legal system? If so, explain: \_\_\_\_\_

Are you currently seeing another therapist? \_\_\_\_\_

Have you had previous treatment (e.g. in-patient, private therapist, residential treatment): \_\_\_\_\_

If so, when and how long: \_\_\_\_\_

Is there anything else you feel I should know about you? \_\_\_\_\_

\_\_\_\_\_  
Patient (or Legal Guardian) Signature

\_\_\_\_\_  
Date