

Grace Orlick, LCPC (previously Ravenelle)

Licensed Clinical Professional Counselor

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NEW CLIENT QUESTIONNAIRE

(To be completed by each member)

Name: _____

Today's Date: _____

May I ask how you heard of me, and may I thank him/her for referring you to my office?

Have you received any counseling before? (YES/NO)

If yes, what type of services?

When and where did you receive service(s)?

How many different therapists have you seen? _____

Therapist's Name (optional):

What did you find most helpful in therapy?

What did you find least helpful in therapy?

As you see it, what is bothering you most right now?

Has anything happened like this before? (YES/NO)
When?

What led you to seek help at this time?

How would you like to change things?

What do you do to help you feel better?

What was the happiest time of your life?

What was the worst time of your life?

Ideally, what would you like to get from therapy?

Please add any additional information which you feel may be important for me to know.

Thank you for taking the time to complete this questionnaire.

Your Name (please print)

Your Signature

Date

Therapist: Grace P. Orlick

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