



3139 41st Street NW, Rochester, MN 55901
Rochester, MN 55901
(507) 923-7321

Intake Questionnaire

Name: _____ Today's Date: _____

Below are several standard questions we ask in order to better serve you. Provide as much detail as you would like; you can verbally provide more detail at your appointment, if you wish.

Reason for Visit

What is the reason that brought you here today?

Did someone recommend you make this appointment? If so, who? _____
and why did they recommend making an appointment?

Current Life Situation

Your date of Birth: _____ Age: _____

With whom do you currently live?

First name _____	Relationship to you _____	Age _____
First name _____	Relationship to you _____	Age _____
First name _____	Relationship to you _____	Age _____
First name _____	Relationship to you _____	Age _____
First name _____	Relationship to you _____	Age _____

Are you satisfied with your current living situation?

Do you live in an environment that is safe and free from verbal, emotional, or sexual abuse? ___ YES, ___ NO

What is your highest level of education?

- ___ Some high school (Last grade completed?) _____
- ___ High school graduate
- ___ Some college
- ___ College graduate
- ___ Some graduate level courses
- ___ Completed graduate degree(s)

Are you currently employed? ___ YES, ___ NO, ___ Student
___ Full-time, ___ Part-time?

Briefly describe your social support network. Do you feel adequately supported in your relationships? Who are your main supports?

What is currently going well for you? What would you say are your strengths?

What do we need to know about your spiritual or cultural background in order for us to be helpful to you?

Is there anything that makes problems in your life worse or harder to manage?

Do you currently use ___ alcohol, ___ tobacco, or ___ other substances?
Do you have any concerns about your use of alcohol, tobacco, or other substances?

How would you describe your current physical health?

When was your last physical exam? _____
What were the results?

Who is your primary care physician? _____

What primary care clinic do you use? _____

What medications are you currently taking? (Please include those you are taking for both physical and/ or emotional issues. Or, you may attach a list from your clinic.)

Have you ever had a head injury? ____ YES, ____ NO
If yes, please briefly describe.

Have you had any significant childhood injuries or illnesses? ____ YES, ____ NO
If yes, please briefly describe.

As a child, were you affected by maltreatment, trauma, or abuse? ____ YES, ____ NO

As an adult, were you affected by maltreatment, trauma, abuse? ____ YES, ____ NO

Have you ever struggled with addiction? ____ YES, ____ NO
If yes, please briefly describe.

Please list below the names and dates of any previous chemical or mental health treatment:

Name of Agency:	Reason for treatment:	Dates of treatment:
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_____	_____	_____
_____	_____	_____

What medications (for mental health issues) have you tried in the past? What was the result?

Have you ever had thoughts of harming yourself/ someone else? ____ YES, ____ NO
Do you currently struggle with these thoughts? ____ YES, ____ NO

Has anyone in your family struggled with addiction or mental health?

Relationship to you

Type of Problem

Please describe any spiritual/ cultural/ family influences currently impacting you and/ or the problem that brought you here today:

What would you like to accomplish in your time here at Riverstone?

Thank you for taking the time to complete this questionnaire. Please return it at your next appointment.