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New Client Questionnaire

Name: _____ Date: _____

What are the main problems or symptoms that caused you to seek help now?

Describe any stresses in your life that may have contributed to the problem:

Describe the history of the problem from its onset to now:

Have you had a similar problem in the past? Yes No If yes, please describe the episodes and the dates they occurred.

Were you treated for this problem? Yes No If yes, please describe the treatment you received.

Has this problem caused you to experience any decrease in your ability to function in the following areas?

If so, please describe:

School performance: _____

Work performance: _____

Relationship with spouse/significant other: _____

Functioning as a parent: _____

Social life: _____

Ability to manage chores at home: _____