



**BEACON COUPLE AND FAMILY THERAPY**  
**793 Ericksen Ave. NE, Bainbridge Island, WA 98110**  
**206-780-1036 or 853-6852**  
**(New Client Information)**

So as to better get to know you and begin to more fully understand the context of your life, please take the time to complete this questionnaire. We realize that most of our clients lead complicated and stressful lives, and each brings a distinct personal, family, and social history that is often directly related to the issues that bring you into therapy.

Please complete the following questionnaire as completely as possible. If you are here for couples therapy please list both your names under "Client Name." If you are here for your child/teen, then list his/her name on the first line and the parents' names on the next two lines.

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Place: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Place: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Place: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C)

Email Address: \_\_\_\_\_ Current Date: \_\_\_\_\_

**Section I:**

Other Persons Living in Household:	Gender	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Significant Family Members or Others Not Living at Home: (grandparents, extended family members, etc.)

\_\_\_\_\_

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**Section II: Medical/Biological**

Past or present medical problems/surgery (e.g., broken bones, operations, major auto accidents, etc.) \_\_\_\_\_

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Are any immediate family members being treated for any medical illness? If so, what?

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Are any immediate family members currently taking medication? If so, please describe:

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Problems with any of the following? Eating \_\_\_\_\_ Weight \_\_\_\_\_ Sleeping \_\_\_\_\_

**Section III: Social-Recreational**

With what other community groups or organizations are you involved? (e.g., church, sports, scouts/brownies, rotary, etc.)

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What kinds of friends/support system do you (or your family) have?

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What do you (or your family) do for fun/recreation? (& how often?)

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Do any family members have any history with police or criminal justice system?

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**Section IV: Educational/Vocational**

Highest Grade/Degree Completed: \_\_\_\_\_

Academics Achievement: Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average. \_\_\_\_\_

Biggest Struggles in School? \_\_\_\_\_

Current Employer(s) \_\_\_\_\_

Biggest Struggles at Work? \_\_\_\_\_

**Section V: Spiritual/Cultural**

Religion/Spiritual Orientation \_\_\_\_\_ Place of Worship \_\_\_\_\_

Briefly, describe the role religion/spirituality plays in your family?

\_\_\_\_\_

Ethnic Background:(e.g., Irish, French, Mexican, etc.) \_\_\_\_\_

What role does your ethnic background play in your family?

\_\_\_\_\_

Which holidays and/or traditions are most important to your family and why?

\_\_\_\_\_

**Section VI: Mental Health**

Any history of alcohol or substance abuse in nuclear or extended family? (parents, cousins, uncles, grandparents, etc.)

\_\_\_\_\_

Has anyone in your nuclear or extended family had any social or emotional problems? (e.g., interpersonal conflicts, depression, etc.)

\_\_\_\_\_

Any family history of physical, sexual, and/or emotional abuse? (check all that apply)

Physical \_\_\_\_\_ Sexual \_\_\_\_\_ Emotional \_\_\_\_\_

Is there any history of suicide in your family? \_\_\_\_\_

Are you having or have you ever had suicidal thoughts? Plans? Attempts?

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Have you ever seen a counselor/therapist before? If so, please list their name(s), dates, and reasons for treatment.

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If you have seen a counselor/therapist before what did they do that was most effective/least effective?

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Reason(s) for Coming to BCFT: \_\_\_\_\_

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Why did you choose BCFT? \_\_\_\_\_

What is the biggest struggle in your life at present?

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What do you hope to accomplish in therapy?

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What is your biggest concern/worry about therapy?

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