

Alicia Enciso Litschi, Ph.D.
Licensed Psychologist (Lic. #37098)
2222 Western Trails Blvd., 107
Austin, TX 78745
512-686-7525

INITIAL QUESTIONNAIRE

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip _____ May I mail to this address? Yes No

Telephone: _____ (cell) * ok to leave message? Yes No

Email: _____ *ok to email or text for scheduling: Yes No

How were you referred to me? _____

What name should I call you? _____

How do you describe yourself?

Gender identity _____ Pronouns _____

Sexual orientation _____

Ethnic/racial identities _____

Spirituality/religion _____

Relationship status: _____

Name(s) and age(s) of relevant partners: _____

Current household members:

Name: _____	Age: _____	Relationship: _____
-------------	------------	---------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Children living outside of home: _____	_____	_____
--	-------	-------

_____	_____	_____
-------	-------	-------

Contact in case of emergency: _____ Relationship: _____

Telephone(s): _____

Your Occupation: _____ If currently employed for how long: _____

Describe current job satisfaction: _____

If student, where: _____ Program/Major: _____

Highest level of education: _____

Primary Physician: _____ Phone: _____

Do you regularly seek support from a holistic or integrative practitioner? (e.g., acupuncture, bodywork, functional medicine, energy medicine etc.) Briefly describe practitioner and treatment:

Current medications for mental health issues: _____

Name of prescribing physician: _____

Any hospitalizations for mental health? (dates and reasons): _____

Name of previous counselor(s) and dates: _____

Issues focused on: _____

Please scale from 0-5 (5 being very concerned) if any of the following concerns pertain to you:

- | | |
|--|---|
| <input type="checkbox"/> Personal Growth | <input type="checkbox"/> Seeking more creativity |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Separation/Divorce |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Self-Inflicted Harm/Cutting |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Life Balance/Stress | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Eating Concerns and Body Image | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Fears/Phobias | <input type="checkbox"/> Career Choices |
| <input type="checkbox"/> Obsessions/Compulsive behaviors | <input type="checkbox"/> Self-Control |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Health Problems |
| <input type="checkbox"/> Unhappiness | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Spiritual Concerns | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Emotional Instability | <input type="checkbox"/> Legal Problems |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Experiencing discrimination/bias |

Do you currently drink alcohol? Yes No

How much & how often: _____

Do you currently use other substances/drugs? Yes No

What type & how often: _____

How do you scale your relationship with alcohol or substances/drugs from 0-5?
(0 being "not concerned at all," and 5 being "very concerned") _____

Have there been any undesirable results of your drug or alcohol use? (low school or job performance, physical problems, relationship stress, DWI's?) Yes No

If yes, please explain:

Have you considered suicide? Yes No

Have you attempted suicide? Yes No

Have you experienced thoughts of suicide in the last 2 weeks? Yes No

If yes to any of these, please explain:

How is your physical health? Chronic pain? Ongoing issues?

Briefly describe experiences of trauma (physical and psychological):

What/who do you consider as supports in your life (e.g., family, friends, pets, exercise routine, creative outlets, spirituality, groups, self-care activities, spirit animals, nature, practices, etc.)?

Describe some things you like about yourself:

What are your intentions for therapy? What goals may therapy help you in exploring?

Anything else you think is important to mention?