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Initial Session Questionnaire

*Thank you for taking the time to fill out this form. Please don't hesitate to call if you have any questions.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referral source: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

\_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (name/phone): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Current relationship status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Who do you live with (no names needed): \_\_\_\_\_

\_\_\_\_\_

Current concerns/reasons for seeking therapy at this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcome you hope for from therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current/ongoing physical health issues: \_\_\_\_\_

\_\_\_\_\_

Current medication/herbal remedies/vitamins: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been diagnosed with:

Major Depression? \_\_\_\_\_ If yes, how was it treated? \_\_\_\_\_  
\_\_\_\_\_

Manic episode? \_\_\_\_\_ If yes, how was it treated? \_\_\_\_\_  
\_\_\_\_\_

Any history of psychotropic meds? (if yes, please list names and approximate dates):

\_\_\_\_\_  
\_\_\_\_\_

Any history of suicidal thoughts, attempt(s) or violent behavior? If so, please include age(s), whether currently an issue, any legal involvement, and/or history of psychiatric hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any current or past self harm behaviors? \_\_\_\_\_  
\_\_\_\_\_

Prior psychotherapy experience (please specify # of years or # of sessions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often do you smoke / drink / use recreational substances? \_\_\_\_\_

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Has your use ever been problematic to you or anyone else? \_\_\_\_\_

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Any concerns about overeating / bingeing / purging / restricting / dieting / body image  
in the past and/or present?

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Any recent / significant losses? \_\_\_\_\_

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Whom / what do you currently turn to when you need support: \_\_\_\_\_

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What activities nourish you? \_\_\_\_\_

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What inner strengths/qualities do you use in difficult times: \_\_\_\_\_

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*I look forward to meeting with you for our first appointment.*