



Dr. Debra Dupree
PsyD
LMFT #23250
Your Relationship
Turnaround Specialist

Strengthening relationships, from troubled to cooperative, by reducing conflict and improving communication.

Discover how to recover from the drama and trauma from your past to uncover happiness within!

CLIENT QUESTIONNAIRE

Tell me about you!

Name: _____ Date Prepared: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Date of Birth: _____ Occupation: _____ Years in Position? _____

Name of Other Party(ies): _____

Children's Names/Ages: _____

Other Relevant/Interesting Facts About You:

THE INITIAL INTAKE FOCUS FORM

The process of putting your key concerns in writing facilitates clarity and better structures your scheduled time. I, too, become better oriented to your situation as we start our working relationship. Send by fax (619-923-3611) or email to dr.dupree@debradupree.com prior to our first meeting.

1. Please describe in two or three sentences the key challenge(s) you face:

e.g working relationship, personal relationship, medical condition, workload, career direction, time management, etc.

2. How long has this been going on for you?

- 30 days or less 90 days or less 6 months or less 1 year or less more than one year Other, please describe

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3. Who else is involved in your situation and what is their relationship to you:

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4. What would you like to see happen in order to resolve this situation:

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5. What efforts have you undertaken to date to try to resolve this challenge?

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6. How much are you willing to invest in resolving this situation?

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e.g. time, activities, money

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7. What timeframe do you have in mind for getting this challenge resolved?

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8. What is your goal for seeking services?

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9. On a scale of 1 to 10, with "10" being the "BEST" and "1" being the "WORST", answer the following questions and enter a number for your response, e.g. 7:

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A: Where are you today on this scale? _____

B: Where were you six months ago? _____

C: What about one year ago? _____