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Licensed Clinical Social Worker

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Intake Questionnaire: Collateral (of an Adult)

A “collateral” is someone who presents with a psychotherapy client as a source of “collateral” information. By answering this questionnaire completely and honestly you will assist me in gathering the information I need in order to help your significant other / family member. The information disclosed is considered *Confidential & Privileged* and will not be released to any other party without your express written consent.

NAME (yours) _____ TODAY’S DATE _____

PATIENT NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL _____

Describe your relationships with the identified patient. _____

As a collateral (spouse/partner/sibling/child/parent) of the identified patient, what do you see as the principal issues that your loved one needs to address in psychotherapy?

Clinical Information: Your Assessment of the Identified Patient

Place a check (√) by all which apply. Put two checks (√√) for more serious problems and three checks (√√√) for the ones you consider really severe:

- | | |
|---|---|
| <input type="checkbox"/> depression | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> alcohol abuse | <input type="checkbox"/> marital problems |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> work or school performance |
| <input type="checkbox"/> feeling down, blue | <input type="checkbox"/> agitation |
| <input type="checkbox"/> money problems | <input type="checkbox"/> legal problems |
| <input type="checkbox"/> worried about spouse | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> drug use | <input type="checkbox"/> difficulty making friends |
| <input type="checkbox"/> medical problems | <input type="checkbox"/> difficulty getting along with others |
| <input type="checkbox"/> thoughts of suicide | <input type="checkbox"/> worried about the future |
| <input type="checkbox"/> haunted by his/her past | <input type="checkbox"/> stress |
| <input type="checkbox"/> anger | <input type="checkbox"/> demons |
| <input type="checkbox"/> seeing things | <input type="checkbox"/> very dramatic |
| <input type="checkbox"/> highly irritated | <input type="checkbox"/> panic attacks |
| <input type="checkbox"/> chemical dependency | <input type="checkbox"/> gambling |
| <input type="checkbox"/> overeating | <input type="checkbox"/> anorexia or bulimia |
| <input type="checkbox"/> inability to concentrate | <input type="checkbox"/> short attention span |
| <input type="checkbox"/> cravings | <input type="checkbox"/> immaturity |
| <input type="checkbox"/> binge drinking | <input type="checkbox"/> obsessive thoughts |
| <input type="checkbox"/> sluggishness | <input type="checkbox"/> deviant fantasies |
| <input type="checkbox"/> feeling misunderstood | <input type="checkbox"/> problems relaxing |
| <input type="checkbox"/> paranoia | <input type="checkbox"/> partner is an addict |
| <input type="checkbox"/> problems at work | <input type="checkbox"/> work or school performance problems |
| <input type="checkbox"/> pregnancy | <input type="checkbox"/> sexual issues |
| <input type="checkbox"/> attention deficits | <input type="checkbox"/> low frustration-tolerance |
| <input type="checkbox"/> problems with intimacy | <input type="checkbox"/> problems with intimacy |
| <input type="checkbox"/> reproductive health problems | <input type="checkbox"/> violence |
| <input type="checkbox"/> homicidal thoughts | <input type="checkbox"/> feeling unloved |
| <input type="checkbox"/> unemployment | <input type="checkbox"/> arguments with loved ones |
| <input type="checkbox"/> financial problems | <input type="checkbox"/> vomiting |
| <input type="checkbox"/> avoidant and/or dependent | <input type="checkbox"/> chronic pain |
| <input type="checkbox"/> migraine headaches | <input type="checkbox"/> body weight issues |
| <input type="checkbox"/> respiratory problems | <input type="checkbox"/> germs & cleanliness |
| <input type="checkbox"/> compulsive behaviors | <input type="checkbox"/> dishonesty, lying |
| <input type="checkbox"/> acting out | <input type="checkbox"/> sexually transmitted diseases |
| <input type="checkbox"/> family / partner violence | <input type="checkbox"/> perfectionism |
| <input type="checkbox"/> afraid of getting old | <input type="checkbox"/> death of a loved one |
| <input type="checkbox"/> afraid s/he may be gay | <input type="checkbox"/> living with a control freak |
| <input type="checkbox"/> partner's immaturity | <input type="checkbox"/> family problems |
| <input type="checkbox"/> bipolar disorder | <input type="checkbox"/> no one to talk to |
| <input type="checkbox"/> keeping secrets | <input type="checkbox"/> laziness |
| <input type="checkbox"/> parenting | <input type="checkbox"/> a loved one is terminally ill |