



Willow Tree
Clinical Psychology Service

Dr Simone Raenker
Clinical Psychologist and EMDR Therapist

INTAKE QUESTIONNAIRE

Client Name:

Medical History

Do you have any health problems? If yes please specify.

Medical history since birth (e.g. Asthma, illness, trauma, allergies, diabetes, blood pressure, epilepsy, pregnancy, miscarriages, heart disease, physical problems), including **specific areas** of your body prone to illness or repeated injury?

Have you ever had surgery? (If yes specify what type, when, and why)

Are you currently taking any medication? Y/N (If yes, specify what you take)



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Emotional Health History

Do you have or have you ever experienced:

- Sleeping disorders

- Eating disorders (anorexia/ bulimia)

- Phobias

- Intense anxiety

- Depression

- Manic-depressive disorders

- Schizophrenia

- Obsessive compulsive disorder

- Other mental health related symptoms or disorders

- Bereavement

- Addiction (alcohol / drugs/ shopping / gambling/ sex/ relationships)

If yes to any of the above, please specify.



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Who was in your family and who took care of you?

What do you know of your mother's pregnancy?

How would you describe your mother?

How would you describe your father?

Did you have any other significant caregivers?

How would you describe your childhood?

How were your emotions (anger, fear, sadness, joy) responded to by family members?



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How did family members express their emotions?

Did you have any mentors or community members who were invested in your wellbeing?



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POSITIVE AND NEGATIVE MEMORIES TIMELINE

Please mark the positive memories with a * and adjust the grid to accommodate your list. The list can include tangible memories and also stories you heard from others, as long as your body registers some level of disturbance when you think about them now.

Year (Please specify the year)	Event	0-10 disturbance level now when thinking about it
Section 1 0-4		
Section 2 4 – 11		
Section 3 11-18		
Section 4 18 onwards		



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Apart from what you noted above, are there any other events from childhood or adult life that stand out for you as significant? (E.g. moves, illnesses, deaths, transitions, etc.)

PREVIOUS THERAPY AND GOALS FOR CURRENT THERAPY

What is your previous experience of therapy or coaching? What was useful and what perhaps did not work so well?

What do you want to achieve through our sessions?