

Intake Questionnaire – Individual Psychotherapy

Before you begin

- This questionnaire helps you prepare for the first session and gives me an initial orientation. Completing it is optional.
- Only answer what you wish to share in writing. Any question can be left open and discussed in person instead.
- You can complete the questionnaire on screen or on paper and bring it to your first session. Please do not send it by unencrypted email.
- All information is covered by my professional confidentiality. This questionnaire is not a consent form; information on the treatment framework and data protection is provided separately.
- In an acute crisis, please call 112 immediately. In Sweden you can also call 1177 for healthcare advice around the clock.

1. About you

Name

Date of birth

Phone

Email

Place of residence and country

Preferred language

☐ English ☐ Swedish ☐ German

Preferred format

☐ at the practice in Stockholm ☐ online ☐ not yet decided

2. Your concern

What brings you to therapy? Please describe it in your own words.

How long has this been on your mind?

What made you decide to seek support now?

How much does this affect your daily life at the moment?

not at all ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 very strongly

What have you tried so far, and what has helped?

3. Your current life situation

How do you live at present (housing, relationship, children)?

What is your work or main occupation?

Are there particular pressures or changes at the moment?

- | | | |
|---------------------------------------|--|---|
| ☐ work/studies | ☐ relationship/separation | ☐ family/children |
| ☐ illness | ☐ loss/grief | ☐ relocation/migration |
| ☐ finances | ☐ other | |

Would you like to add anything?

4. How you are feeling

What has applied to you over the past few weeks?

- | | | |
|---|--|---|
| ☐ sleep problems | ☐ exhaustion | ☐ low mood |
| ☐ worry/anxiety | ☐ restlessness | ☐ difficulty concentrating |
| ☐ changed appetite | ☐ physical symptoms | ☐ withdrawal from others |
| ☐ irritability | | |

Do alcohol, medication or other substances play a role that you would like to talk about?

5. Biographical background

Key words are enough. We will go through much of this together.

Where and how did you grow up? Who belonged to your family?

How would you describe the atmosphere in your childhood?

Have there been formative experiences, losses or turning points in your life?

Which people have been or are particularly important to you?

6. Relationships and attachment

How do you experience closeness and distance in your relationships?

Is there something that keeps repeating in your relationships?

Who can you turn to when you are not doing well?

7. Recurring patterns and inner conflicts

Are there situations, feelings or reactions that keep recurring in your life?

Do you recognise inner contradictions – for example: “Part of me wants ..., another part ...”?

Which feelings come easily to you, and which are harder?

8. Dreams, inner images and creativity

These questions are optional. In analytical psychology, dreams and inner images can offer valuable insights.

Do you remember your dreams?

☐ often ☐ sometimes ☐ rarely ☐ hardly ever

Are there recurring dreams, images or motifs that occupy you?

Are there creative forms of expression that matter to you (e.g. painting, writing, music, movement)?

9. Body and health

Do you have any physical illnesses or symptoms?

Do you take medication regularly? If so, which?

Are you currently under medical or psychiatric care?

☐ yes ☐ no

How do feelings and stress show up in your body?

10. Previous experience of therapy or counselling

Have you previously had psychotherapy, counselling or psychiatric treatment?

☐ yes ☐ no

If yes: when, in what form and for how long?

What was helpful – and what less so?

11. Your resources

What gives you strength and support?

Which strengths and abilities do you value in yourself?

12. Expectations and goals

What would you like to change through therapy?

How would you notice that therapy is helping you?

Do you have any wishes, questions or concerns about therapy or about me?

13. Safety

Over the past few weeks, have you had thoughts of not wanting to live or of harming yourself?

☐ no ☐ yes ☐ I would rather discuss this in person

If you answered “yes”, please raise it with me directly. In an emergency, call 112.

14. Closing

Is there anything else I should know before our first session?

Date