New Client Intake Question Set

The questions worth asking in a first session, so the hour builds a formulation instead of filling a form. Take what is useful and leave the rest.

> **A first session has two jobs.** Gather enough to be safe and to formulate, and leave the person feeling they were heard rather than processed. The order below is deliberate: their words first, your structure second, risk woven in rather than bolted on at the end.

1. Open with their account

- **What made you decide to come in now?** The word now is doing the work. It surfaces the trigger.
- **If this went well, what would be different in your life?** Their goal, in their language, before you offer yours.
- **What have you already tried?** Saves you from prescribing something that has already failed.
- **Has anything helped, even a little?** Finds strengths and existing coping without asking about strengths.

2. History, briskly

- When did this start, and has it come and gone or stayed?
- Have you seen someone about it before? What was that like, and how did it end?
- Any diagnoses given to you previously, by whom, and do you agree with them?
- Medication now and in the past, including what was stopped and why.
- Physical health, sleep, alcohol and other substances, and anything recently changed.
- Who is at home, who do you count on, and who counts on you.
- Work or study, and whether it is currently holding or slipping.

3. Function, which is often more useful than severity

- Walk me through yesterday, from waking to sleeping.
- What have you stopped doing that you used to do?
- What does a bad day look like, and how often is that now?
- What would the people close to you say has changed about you?

4. Risk, asked plainly

Ask directly. Direct questions do not plant the idea, and vagueness produces vague answers. Document the question and the answer, not a conclusion.

- Have things ever got bad enough that you thought about ending your life?
- Is that something you are thinking about now? How often, and how strongly?
- Have you made any plan, or taken any step toward one? Do you have access to means?
- Have you ever acted on those thoughts before? What happened, and what stopped it?

- Is anyone at home unsafe, or is anyone unsafe because of you?
- What keeps you here on the worst days, and who would you call at 2am?

5. Close it properly

- Give them your one sentence understanding of the problem and ask whether it lands. This is the moment that makes people come back.
- Name one thing you will do next, and one thing they will do before the next session.
- Baseline measure administered and scored, so week twelve has something to compare against.
- Tell them what happens if things worsen before the next appointment, with the number they should call.
- Ask what they would like you to do differently next time.

First session checklist

- [ ] Consent, including documentation method
- [ ] Emergency contact and their GP
- [ ] Baseline measure scored
- [ ] Risk asked and documented
- [ ] Formulation offered out loud
- [ ] Next appointment booked

Questions that punch above their weight

- Why now?
- What have you already tried?
- Walk me through yesterday.
- What keeps you here?
- Did I get that right?

If time runs out

- Safety and consent are never the parts you defer.
- History can wait a week. Their goal cannot.
- Say what you did not cover, and put it at the top of session two.
- Write the note while it is fresh, or approve the draft the same day.

General guidance for experienced clinicians, not a protocol and not clinical advice. Adapt to your modality, your setting and your professional obligations. Ecko Health, v1.0, August 2026.