

**The Serenity Center, Inc.**

Adult Client Questionnaire (Client ages 17 and under)

**To be completed by the client requesting services.**

This, as well as other communications with your therapist, will be kept confidential to the full extent of Georgia law.

**Identifying Information:**

Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City, State, Zip

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we leave a message at this number? Y \* N Can you be contacted at work? Y \* N

Email: \_\_\_\_\_

Can we use your email to send appointment reminders? Y \* N

Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Physician or other health care provider: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Billing Information:**

Party Responsible for Payment: \_\_\_\_\_ Relation to Client: \_\_\_\_\_

**Insurance Information:**

PRIMARY

SECONDARY

Insurance Company \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

ID Number \_\_\_\_\_

Employer \_\_\_\_\_

Group Number or Name \_\_\_\_\_

**Family Information:**      Name                  Age                  Living with You?

Siblings                  \_\_\_\_\_                  \_\_\_\_\_                  Y or N

Parents                  \_\_\_\_\_                  \_\_\_\_\_                  Y or N

\_\_\_\_\_                  \_\_\_\_\_                  Y or N

Others living with you: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_

How significant is religion to your everyday life? \_\_\_\_\_

List any medications child takes – prescription or over the counter: \_\_\_\_\_

**Academic/School Information**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has child ever repeated a grade? \_\_\_\_\_ If so, when? \_\_\_\_\_

How does the child get along at school? \_\_\_\_\_

\_\_\_\_\_

Describe difficulties in learning at school: \_\_\_\_\_

\_\_\_\_\_

Have other family members had learning difficulties? \_\_\_\_\_

\_\_\_\_\_

Problem Areas: In the following list, place a check mark next to each item which identifies an area of concern to you. Place two checks by those items which are most important.

- |  |   |
|--|---|
| <input type="checkbox"/> Anger/Temper  | <input type="checkbox"/> Sexual Concerns          |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Thoughts of Suicide      |
| <input type="checkbox"/> Educational/School Work                             | <input type="checkbox"/> Unhappy most of the time |
| <input type="checkbox"/> Family Problems/Fighting with siblings              | <input type="checkbox"/> Use of Alcohol           |
| <input type="checkbox"/> Fearfulness/Phobias                                 | <input type="checkbox"/> Use of Drugs             |
| <input type="checkbox"/> Insecure/Timid/Lack of Self Confidence              | <input type="checkbox"/> Work                     |
| <input type="checkbox"/> Marital Problems/Conflicts between parents, Divorce | <input type="checkbox"/> Worry                    |
| <input type="checkbox"/> Problems with accepting discipline                  | <input type="checkbox"/> Physical Problems        |
| <input type="checkbox"/> Problems in relationships with other children       | <input type="checkbox"/> Traumatic Stress         |
| <input type="checkbox"/> Religious/Spiritual Concerns                        | <input type="checkbox"/> Stress                   |
| <input type="checkbox"/> Other (Specify) _____                               |   |

Why did you decide to seek counseling time? \_\_\_\_\_

\_\_\_\_\_

How long do you expect your therapy to last? \_\_\_\_\_

Have your child ever received counseling before? If so, when, why, and with whom? \_\_\_\_\_  
\_\_\_\_\_

What goals do you hope to accomplish by participating in therapy? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else which you believe or feel might be important to know about?  
\_\_\_\_\_

**Authorization for treatment:**

I authorize treatment to be administered by The Serenity Center, Inc.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_