Synergetic Counseling & Wellness
101 N Main St. Suite 201 Greensburg PA 15601
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CHILD/ ADOLECENT

NEW CLIENT

QUESTIONNAIRE

Welcome to Synergetic Wellness and Counseling! Thank you for taking a few minutes to fill out this form. The information you provide is confidential and will be helpful for you and your counselor when you meet for the first time. If you have any questions, just ask!

Today's Date_____

Name: _____Age:_____Date of Birth_____/_____/____

Address:_____
street city state zip

Phone (Primary)_____(Secondary)_____

Email (please print clearly) _____

Ethnicity_____ SSN _____

What is your religious background / involvement? _____

Emergency contact person (name, relationship, phone, address). _____

_____

Parents/ Legal Guardians:

Name: _____ Relationship: _____

Address:_____
street city state zip

Name: _____ Relationship: _____

Address:_____
street city state zip

Is there a custody agreement? Y☐ N☐ If yes, please explain _____

_____

Please describe the current living arrangement (Do you live with others? Who?)

_____

Medical Information:

Doctor's name and phone: _____

Have you participated in any therapy before? Y☐ N☐ If yes, when?_____Reason _____

Are you, currently seeing a psychiatrist? Y☐ N☐

Have you or a family member ever been hospitalized for mental or emotional illness? Y☐ N☐

If yes, please explain—dates, where, reason:

_____

Substance abuse / addiction history? Y☐ N☐ If yes, please explain_____

Are you on any medications? Y☐ N☐ If so, what and why (Can attach list if needed)? _____

School Information:

School: _____ What grade are you in? _____

Have you ever failed or been held back? Y☐ N☐, if yes why _____

Do you have any issues at school? _____

Are you on an IEP or other educational plan? Y☐ N☐, if yes why _____

Have you ever been suspended or expelled? Y☐ N☐, if yes why _____

Any other school concerns? _____

Family Information:

I would describe my friendships as: Close☐ Somewhat close☐ Distant☐ Conflicted☐

I would describe my relationship with my mother as: Close☐ Somewhat close☐ Distant☐ Conflicted☐

I would describe my relationship with my father as: Close☐ Somewhat close☐ Distant☐ Conflicted☐

How many siblings do you have?_____How would you describe your relationship? _____

How can we help:

Please tell us in your own words what brings you here today_____

_____

_____

Please mark all items that apply:

☐ Argues, talks back	☐ Lying	☐ Motivation/laziness
☐ Bullies, teases	☐ Skips School	☐ Wetting/Soiling self
☐ Cheats	☐ Stubborn	☐ Suicidal talk
☐ Cruel to animals	☐ Interrupts	☐ Sensitive to rejection
☐ Aggression/fighting	☐ Fatigue/low energy	☐ Isolates
☐ Anger	☐ Fears/Phobias	☐ Panic/Anxiety attacks
☐ Drug use/abuse	☐ Trouble with friends	☐ Independent
☐ Alcohol abuse	☐ Fire Setting	☐ Perfectionism
☐ Anxiety/Nervous	☐ Grieving/deaths/loss	☐ Pessimism
☐ Attention issues	☐ Immature	☐ Procrastination
☐ Learning Disability	☐ Headaches	☐ Self-centeredness
☐ Disruptive	☐ Other physical pains	☐ School concerns
☐ Disobedient	☐ Interpersonal conflicts	☐ Self-esteem issues
☐ Eating Problems	☐ Impulsive	☐ Poor self-care
☐ Confusion	☐ Irresponsible	☐ sexual issues
☐ Compulsions	☐ Outbursts	☐ sleep issues
☐ Indecisive	☐ Risk Taking	☐ suspiciousness
☐ Imaginary Friends	☐ Nightmares	☐ Weight issues
☐ Depressed/ low mood	☐ Loneliness	☐ Disorganized thoughts
☐ Self-harm	☐ Memory Issues	☐ Gets picked on/bullied
☐ Sexual Preoccupation	☐ Mood swings	☐ Shy/Timid

What are your 2 most important goals for therapy?_____

1. _____

2. _____

Crisis Information:

Are you having any current suicidal thoughts, feelings or actions? Y☐ N☐

If yes, explain _____

Any current homicidal or violent thoughts or feelings, or anger-control problems? Y☐ N☐

If yes, explain _____

Any issues or hospitalizations for suicidal or assault behavior? Y☐ N☐

If yes, describe _____

Any current threats of significant loss or harm (illness, custody, major life changes etc.)? Y☐ N☐

If yes, describe _____

Is there any additional information that you feel is important for us to know?

_____

_____

_____

_____

_____

Who referred you to us? _____

THANK YOU for taking the time to fill out this information sheet. This will be reviewed with you during your first counseling session.

*Form updated February 13, 2022