Synergetic Counseling & Wellness

101 N Main St. Suite 201
Greensburg PA 15601
Cell:724-989-6980
Cell:724-217-6141
Fax: 878-295-8907

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________________________Where did you grow up? ____

Education______________________Occupation___________________________

What is your religious background / involvement? ____

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

Closest Relationships (please list name, birth date, relationship, and whether they live with you)

Name	Birth Date	Relationship	Living with you?
_____________________________	__________	________________________	_________
_____________________________	__________	________________________	_________

Family Information:

Marital Status (check any that apply): Single____Dating____Committed Relationship____Engaged ____

Married____(how long?________) Separated____(how long?_______) Divorced____(how long?______

Spouse's Name (if applicable)__________________________Age_______Occupation ____________________________

Please describe your current living arrangement (Do you live with others?) _____________________________

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?

____

Medical Information:

Have you participated in any therapy before? Y___N___If yes, when?__________Reason___________________________

Are you, currently seeing a psychiatrist? Y____N___

Doctor's name and phone ____

Are you on any medications? Y___N___If so, what and why (Can attach list if needed)? ______________________________

____

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? No_______Yes (please explain) ______________________________

Legal History (arrests, prison, DUI) ____

How can we help? Please tell us in your own words what brings you here today____________________________

____

____

What are your 2 most important goals for therapy?

1. ____

2. ____

Common problem/symptom checklist. Fill in: 0 - none, 1 - mild, 2 - moderate, 3 - severe.

___marriage	___child custody	__alcohol/drugs	___God/faith
___family	___weight control	__other addictions	___Sleeping
___parents	___disabled	__grief/loss	___past hurts
___children	___work/career	__depression	___codependency
___divorce/separation	___school/learning	__fear/anxiety	___intimacy
___communication	___money/budgeting	__anger control	___sexual issues
___Self esteem	___aging/dependency	__loneliness	___trauma

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, hospitalizations, or imprisonments for suicidal or assault behavior? Y_______N______

If yes, describe ____

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)? Y_____N____

If yes, describe ____

Who referred you to us? ____

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

____

____

____

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