SERENITY & HOPE, LLC
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Client Questionnaire-Adult

Demographics:

Client Legal Name _____ Date of Birth: _____
First Middle Last

Nick/Name/Allias:_____ Age:_____ Social Security #: _____-_____-_____

Current address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Ok to leave message: ◯Yes ◯No

Work Phone: _____ Ok to leave message: ◯Yes ◯No

Cell/Other #: _____ Ok to leave message: ◯Yes ◯No

Email: _____

Gender: ◯ Male ◯ Female ◯Transgender

Race/Ethnicity: ◯ African American ◯ Asian-American ◯ Caucasian ◯Asian
◯ Native American ◯ Hispanic ◯ Biracial/Multiracial
◯Other: _____

Marital Status: ◯ Single ◯Cohabitating ◯ Married ◯ Separated ◯Divorced ◯ Widowed

Spouse/Significant Other Name: _____ Age: _____

Sexual Orientation: ◯ Heterosexual/Straight ◯ Lesbian/Gay ◯Bisexual ◯ Other

Who referred you to Serenity & Hope, LLC/Kathleen Hurley? _____

Family of Origin:

I was raised by: ◯ Biological Parents ◯ Single Parent ◯Foster/Adoptive Family
◯ Grandparent(s) ◯ Two-Parent Household ◯Other: _____

Name of parents/guardians:_____
Names of siblings and relationship to client (biological/step/half,etc):
_____
_____
_____

Is your family involved or has ever been involved with Children's Division/Department of Child & Family Services (CD/DCFS)? ◯Yes ◯ No

If yes, explain: _____

_____

_____

Name of CURRENT Household Member Age Relationship

Name	Relationship	Age

Education/Academic History:

Education History to date: ◯ GED ◯ High School Diploma ◯Trade/Technical School

◯ Some College ◯Associate's Degree ◯Bachelor's Degree ◯ Master's Degree or Above

◯Other: _____

If still attending school, current school attending:

School Name:_____ Location:_____

Academic history, please explain (behavioral problems, academic struggles, involvement with school activities, etc.),_____

_____

Work History:

Are you currently employed? ◯Yes ◯No

Name of Company:_____ Position:_____

Years with employer:_____ Work satisfaction:_____

Additional work hx:_____

_____

_____

Childhood Relationships:

Were you a victim of emotional, physical, or sexual abuse? ◯Yes ◯No

Expalin:_____

_____

_____

Did you witness any emotional, physical, or sexual abuse as a child? ◯Yes ◯No

Expalin:_____

_____

_____

Did you experience any interpersonal discord/ trauma that caused distress to you as a child? ◯Yes ◯No

Expalin:_____

_____

_____

Were you able to make and maintain friendships as a child? ◯Yes ◯No

Explain:_____

_____

_____

Adult Relationships:

Was anyone emotionally, physically, or sexually violent or abusive to you as an adult? ◯ Yes ◯No

Expalin:_____

_____

_____

Have you experienced any interpersonal discord that have caused distress as an adult? ◯ Yes ◯No

Expalin:_____

_____

_____

Substance Use History:

Alcohol and Drug History :(Please list age when started and types of substances used through the years and current usage)_____

_____

_____

Have you or anyone else ever felt you should cut down on your drinking or drug use**?** ◯Yes ◯No

Have you ever participated in substance abuse treatment? ◯Yes ◯No

If Yes, Where? _____ When? _____

Family history of substance usage? ◯Yes ◯No

Explain:_____

_____

Military History:

Have you ever severed in the military? ◯Yes ◯ No

Branch of Service: _____ Dates of Service: _____

Discharge Status: _____ Have you seen combat activity? ◯ Yes ◯ No

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Lifestyle:

What activities do you enjoy in your free time? (exp: exercise, music, crafts, sports):_____

_____

_____

Please identify positive supportive relationships in your life currently?

_____

Are you involved in community or self-help groups? ◯ Yes ◯ No

If yes, list groups:_____

What are your religious background and/or spiritual beliefs? _____

Are you active or still participate in these spiritual practices? ◯ Yes ◯ No

Please indicate what your strengths are:

_____

_____

Legal History:

Have you ever been arrested and/or charged with any crimes? ◯ Yes ◯ No

If yes explain:_____

Current Court Involvement:

◯ None ◯ DWI/DUI ◯ Probation ◯Parole ◯Pending Charges ◯Lawsuit

◯ Restraining Order/Order of Protection ◯Separation/Divorce

Mental Health Treatment History:

Have you had previous counseling, psychotherapy, or psychiatric care? ◯Yes ◯No

If yes, describe past treatment history, including dates, providers, types of services received, diagnoses:

_____

_____

_____

Have you been diagnosed with any mental health disorders? ◯Yes ◯No

If yes, what:

_____

_____

Have you ever had thoughts of suicide? ◯Yes ◯No Attempted suicide? ◯Yes ◯No

If yes explain, _____

_____

_____

Do you currently or have a history of self harm behaviors (cutting, burning, etc)? ◯Yes ◯No

Explain:_____

_____

_____

What mental health concerns do you have?

_____

_____

_____

Family history of mental health? ◯Yes ◯No

Explain:_____

_____

_____

Medical History:

Height: _____ Weight: _____ Date of Last Physical Exam: ____/____/_____

Primary Care Physician: _____ Physician Phone Number: _____

Psychiatrist:_____ Psychiatrist Phone Number:_____

Indicate any medical conditions currently affect you:

_____

_____

Please list all prescription medications, over the counter medications, and supplements you are currently taking.

Name	Dosage	Frequency	Start Date	Prescribing Physician	Purpose of Rx

Do you take your medication as prescribed? ◯ Yes ◯ No

Current Treatment Needs:

What triggered you to seek counseling services now?

_____

_____

_____

What do you hope to accomplish with counseling? (List three specific goals for yourself):

1._____

2._____

3._____