Fresh Start Counseling
Renewing the Mind, Changing the Heart.

Confidential New Client Questionnaire ADULT FORM

Please print out, complete, and bring with you to your first session.

Date: _____

Name: _____ **Date of Birth:** _____ **Age:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Email Address:** _____

Cell Phone: _____

Who referred you? _____

What medications and dosages are you currently taking?

_____

_____

Have you seen a psychiatrist, psychologist, social worker, pastoral counselor or other mental health provider?

Name of Provider(s)	Period Of Time	Problems Addressed	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Childhood

Caretakers:

Who raised you?

- ❒ Both biological parents
- ❒ One biological parent: ❒ Mom ❒ Dad
- ❒ Dad & Step-Mom
- ❒ Mom & Step-Dad
- ❒ Foster Parents
- ❒ Institutional Caretakers
- ❒ Aunt & Uncle
- ❒ Brother and/or Sister
- ❒ Maternal Grandparent(s)
- ❒ Paternal grandparent(s)
- ❒ Other: _____

Number of Brothers: Living _____ **Deceased** _____

Number of Sisters: Living _____ **Deceased** _____

Are you a twin? ❒ **Yes** ❒ **No** **If yes:** ❒ **Identical** ❒ **Fraternal**

Position among siblings: (Oldest, Middle- 1st, 2nd, 3rd, etc., youngest, foster or adopted).

Please Explain: _____

How would you characterize the dominant mood in your childhood home?

- ❒ Happy
- ❒ Unhappy
- ❒ Dull
- ❒ Hard to remember
- ❒ Secure
- ❒ Painful
- ❒ Regimented
- ❒ Frightening
- ❒ Other: _____

Which descriptors characterize you as a child (0-12 Years)?

- ❒ Outgoing
- ❒ Shy
- ❒ Active
- ❒ Aggressive
- ❒ Awkward
- ❒ Happy
- ❒ Friendly
- ❒ Emotional
- ❒ Nervous
- ❒ Irresponsible
- ❒ Rebellious
- ❒ Stubborn
- ❒ Unhappy
- ❒ Calm
- ❒ Temperamental
- ❒ Self-Confident
- ❒ Serious
- ❒ Other: _____

What were problems for you as a child?

- ❒ None
- ❒ Getting along with mom
- ❒ Getting along with siblings
- ❒ Getting along with dad
- ❒ Getting along with peers
- ❒ Excessive fears
- ❒ Getting along with teachers
- ❒ Bed-wetting
- ❒ Nightmares
- ❒ No direction
- ❒ Excessive worries
- ❒ Academic
- ❒ Physical/medical problems
- ❒ Fantasizing and excessive daydreaming
- ❒ Nerves
- ❒ Felt I was a burden to my caregivers
- ❒ Having my feelings hurt
- ❒ Overweight
- ❒ Underweight
- ❒ Fear of failure
- ❒ Other: _____

What fears did you have as a child?

- ❒ No significant fears
- ❒ Might fail
- ❒ Might become seriously injured/ill
- ❒ Strangers
- ❒ Might be laughed at
- ❒ Might be abandoned
- ❒ To lose my parents, animals, etc.
- ❒ Death
- ❒ Other: _____

Briefly describe your relationship with your parents, brothers & sisters:

Maternal Caretaker

Which descriptor(s) characterize your mother or maternal caretaker?

- ❒ Warm ❒ Distant ❒ Uncaring ❒ Strict
- ❒ Rejecting ❒ Over-protective ❒ Domineering ❒ Abusive
- ❒ Perfect ❒ Understanding ❒ Affectionate ❒ Manipulative
- ❒ Self-absorbed ❒ Unpleasant ❒ Faultfinding
- ❒ Other: _____

Mom is: ❒ **Living** ❒ **Deceased** **Step-Mom is:** ❒ **Living** ❒ **Deceased**

How and when did death(s) occur? _____

What was your maternal caretaker's occupation?

- ❒ Homemaker ❒ Professional ❒ Owner of Business ❒ Skilled Craftsman
- ❒ Office Worker ❒ Salesperson ❒ Skilled Laborer ❒ Unskilled laborer
- ❒ Unemployed ❒ Disabled ❒ Government Service ❒ Personal Service
- ❒ Military Service ❒ Other: _____

How would you describe your maternal caretaker's method of discipline?

- ❒ Strict ❒ Fair ❒ Too Lenient ❒ Inconsistent ❒ Confusing
- ❒ Rigid ❒ Harsh ❒ Other: _____

Paternal Caretaker

Which descriptor(s) characterize your father or paternal caretaker?

- ❒ Warm ❒ Distant ❒ Uncaring ❒ Strict
- ❒ Rejecting ❒ Over-protective ❒ Domineering ❒ Abusive
- ❒ Perfect ❒ Understanding ❒ Affectionate ❒ Manipulative
- ❒ Self-absorbed ❒ Unpleasant ❒ Faultfinding
- ❒ Other: _____

Dad is: ❒ **Living** ❒ **Deceased** **Step-Dad is:** ❒ **Living** ❒ **Deceased**

How and when did death(s) occur? _____

_____

What was your paternal caretaker's occupation?

❒ **Homemaker** ❒ **Professional** ❒ **Owner of Business** ❒ **Skilled Craftsman**
❒ **Office Worker** ❒ **Salesperson** ❒ **Skilled Laborer** ❒ **Unskilled laborer**
❒ **Unemployed** ❒ **Disabled** ❒ **Government Service** ❒ **Personal Service**
❒ **Military Service** ❒ **Other:** _____

How would you describe your paternal caretaker's method of discipline?

❒ **Strict** ❒ **Fair** ❒ **Too Lenient** ❒ **Inconsistent** ❒ **Confusing**
❒ **Rigid** ❒ **Harsh** ❒ **Other:** _____

How would you describe your parents' or caretakers' relationship?

❒ **Close** ❒ **Cold** ❒ **Ideal** ❒ **Violent** ❒ **Indifferent**
❒ **Hot & Cold** ❒ **Reserved** ❒ **Distant** ❒ **Happy** ❒ **Domineering**
❒ **Submissive** ❒ **Loving** ❒ **Hostile** ❒ **Pathetic**
❒ **Other:** _____

What did your parents argue about?

❒ **Money** ❒ **Discipline of children** ❒ **Relatives interfering** ❒ **Jealousy**
❒ **Not taking care of the home** ❒ **Not Enough Time Together**
❒ **Drinking** ❒ **Not being a good provider** ❒ **Religion**
❒ **Other:**

Did any of the following experiences happen to you or someone else in your family?

	YES	NO	UNSURE
1. **Parents divorced or permanently separated.**	❒	❒	❒
2. **Family frequently moved.**	❒	❒	❒
3. **Parent(s) unemployed for extended period of time.**	❒	❒	❒
4. **Frequent, hostile arguing among family members.**	❒	❒	❒

	YES	NO	UNSURE
5. One or both had extra-marital affairs.	❒	❒	❒
6. Family member with a drinking problem.	❒	❒	❒
7. Family member with a drug problem.	❒	❒	❒
8. Family member with a gambling problem.	❒	❒	❒
9. Physical abuse in your family.	❒	❒	❒
10. Sexual abuse in your family.	❒	❒	❒
11. Sexual assault of yourself or family member.	❒	❒	❒
12. A sibling died during my childhood.	❒	❒	❒
13. Family member with an emotional problem.	❒	❒	❒
14. Family member diagnosed with a mental disorder.	❒	❒	❒
15. Family member attempted suicide.	❒	❒	❒
16. Family member committed suicide.	❒	❒	❒
17. Family member with a handicap or disability.	❒	❒	❒
18. Family constantly struggled to make ends meet.	❒	❒	❒
19. We were victims of a natural disaster.	❒	❒	❒
20. The family was meaningfully involved in church.	❒	❒	❒

Is there anything else you would like me to know about your family experience?

_____

_____

_____

_____

If You Were Adopted:

Have you ever done any exploration of your adoption issues? ❒ Yes ❒ No

Age at time of adoption: _____ ❒ Open Adoption ❒ Closed Adoption

Who placed you? ❒ Private ❒ Public Agency ❒ Next Of Kin

Were you in foster care? ❒ Yes ❒ No If so, how many homes? _____

Have you ever been in therapy for adoption issues? ❒ Yes ❒ No

If so, when? _____ Age? _____

Where were you raised? _____

Who were your caregivers? _____

Were any of your siblings also adopted? ❒ **Yes** ❒ **No**

When did you find out you were adopted? _____

At what age? _____

If your parents told you, what did they say? _____

_____

What do you know about your birth mother? _____

_____

How do you feel about your birth mother? _____

_____

What do you know about any birth relatives? _____

_____

Have you conducted a search? ❒ **Yes** ❒ **No**

If so, what were the results? _____

_____

Have you had a reunion with any birth family members? ❒ **Yes** ❒ **No**

Whom? _____

If so, are you still in contact with them? ❒ **Yes** ❒ **No**

How do you feel about them? _____

_____

What did you find out about your birth family? _____

_____

If you have not conducted a search, why? _____

_____

Who raised you?

❒ **Both adoptive parents** ❒ **One adoptive parent:** ❒ **Mom** ❒ **Dad**

Your Marital History

Total number of marriages: _____ **If married, spouse is:** ❒ **Living** ❒ **Deceased**

Current spouse's name_____ **# years of current marriage** _____

Did you cohabitate with your spouse prior to marriage? ❒ **Yes** ❒ **No**

If yes, how many months or years prior to marriage? _____ ❒ **Months** ❒ **Years**

If previously married:

Time frame	How marriage ended
_____	_____
_____	_____
_____	_____

What is your current living arrangement? _____

How would you describe your partner?

❒ Warm	❒ Unhappy	❒ Distant	❒ Uncaring	❒ Happy
❒ Unpleasant	❒ Enjoyable	❒ Abusive	❒ Faultfinding	❒ Understanding
❒ Perfect	❒ Indifferent	❒ Boring	❒ Tense	❒ Argumentative
❒ Stimulating	❒ Unforgiving	❒ Affectionate	❒ Other: _____	

In what way, if any, has your relationship ever been severely threatened or damaged?

_____

_____

What interests do you and your partner share?

❒ Children	❒ Work-related	❒ Sports	❒ Hobbies/crafts
❒ Movies	❒ Theater	❒ Music	❒ Politics
❒ Socializing	❒ Television	❒ Talking	❒ Games
❒ Camping	❒ Hunting	❒ Fishing	❒ Religious Activities

Other: _____

Describe the current condition of your relationship:

_____

_____

_____

_____

_____

Number of children you have: In the home _____ **Out of the home** _____

Your child(ren)'s names	Age	Birth ranking
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you lost a child by death? ❒ **Yes** ❒ **No**

What happened? _____

_____

What was the extent of your grief counseling, if any? _____

_____

Are you having problems with your child(ren)'s behavior? ❒ **Yes** ❒ **No**

Please describe: _____

Factors Contributing To Your Current Problems

- ❒ **Abortion**
- ❒ **Academics/schoolwork/grades**
- ❒ **Adoption:**
  - ❒ **Considering adopting**
  - ❒ **Consideration relinquishing my child for adoption**
  - ❒ **Am struggling some with the fact that I am adopted**
- ❒ **Aging and dependency**
- ❒ **Aggressiveness**
- ❒ **Alcohol/drug use**
- ❒ **Anger management**
- ❒ **Anxiety, fear, worries, nervousness**
- ❒ **Arguing**
- ❒ **Assertiveness problems**
- ❒ **Bankruptcy**
- ❒ **Bereavement**
- ❒ **Bitterness**
- ❒ **Breakup or loss of a relationship**
- ❒ **Business readjustment**
- ❒ **Career decisions**
- ❒ **Change in family relationship**
- ❒ **Child Custody**
- ❒ **Chronic Illness**
- ❒ **Communication problems**
- ❒ **Concentration**
- ❒ **Confusion about beliefs and values**
- ❒ **Daydreaming**
- ❒ **Death or impending death of significant person**
- ❒ **Depression**
- ❒ **Developing independence from my family**
- ❒ **Disabled**
- ❒ **Disappointed**
- ❒ **Discrimination**
- ❒ **Distracted**
- ❒ **Distrust of others**
- ❒ **Dizziness**
- ❒ **Divorce**
- ❒ **Eating problems:**

- ❒ Binging, vomiting, diets, laxatives
- ❒ Fasting, avoiding food
- ❒ Overeating

❒ Emotional Abuse
❒ Fear of being rejected or abandoned
❒ Fear of "going crazy"
❒ Feelings of guilt/shame
❒ Finances
❒ Fired from work
❒ Forgetful
❒ Gambling
❒ Guilt
❒ Harassment
❒ Hatred
❒ Headaches
❒ Health problems
❒ Homesickness
❒ Homicidal thought
❒ Hyperactive
❒ Impatient
❒ Infidelity
❒ In-laws
❒ Insecurity
❒ Intimacy
❒ Irritability, anger, hostility
❒ Jail or imprisonment
❒ Jealousy
❒ Job loss
❒ Lack of relationship
❒ Laid off from work
❒ Legal problems
❒ Loneliness and isolation
❒ Loss of love
❒ Loss of hope
❒ Loss of self-respect
❒ Loss of faith
❒ Making friends
❒ Marriage problems
❒ Miscarriage
❒ Money and budgeting
❒ Moodiness
❒ Nervousness
❒ Obsessive Thoughts
❒ Overly sensitive
❒ Past hurts
❒ Perfectionism
❒ Physical Abuse
❒ Physical concerns
❒ Pornography
❒ Pregnancy
❒ Preoccupied with recurring thoughts or feelings
❒ Procrastination or trouble getting motivated
❒ Sexual assault or unwanted sex
❒ Rebellious

- ❒ **Regretful**
- ❒ **Relationship with family/parents/siblings**
- ❒ **Relationship with friends/roommates/peers**
- ❒ **Relationship with romantic partner/spouse**
- ❒ **Religious/spiritual concerns**
- ❒ **Retirement**
- ❒ **Sad**
- ❒ **Self-doubt**
- ❒ **Self-esteem/self-confidence**
- ❒ **Sexual abuse**
- ❒ **Sexual concerns**
- ❒ **Sexual harassment**
- ❒ **Sexual identity/gay/lesbian issues**
- ❒ **Shyness, being ill at ease with people**
- ❒ **Sleeping problems**
- ❒ **Spending**
- ❒ **Stress management**
- ❒ **Suicidal feelings or thoughts**
- ❒ **Temperamental**
- ❒ **Tense**
- ❒ **Test anxiety or speech performance anxiety**
- ❒ **Thoughts of death or dying**
- ❒ **Thoughts of harming someone**
- ❒ **Time management**
- ❒ **Trauma**
- ❒ **Unassertive**
- ❒ **Uncertain about future**
- ❒ **Unenthusiastic**
- ❒ **Forgiving**
- ❒ **Weight problems or struggles with body image**
- ❒ **Worry**

What is the most painful thing that ever happened to you? _____

_____

_____

Is there anything else you would like for me to know about you? _____

_____

_____

Counseling Goals

Please state your purpose for seeking counseling: _____

_____

_____

Please state some specific, concrete goal you hope to achieve in counseling: _____

_____

_____

The following questions might help clarify your therapeutic goals:

I want to do something about _____

_____

I would make a positive change in my life if I would _____

_____

I want to feel better about _____

_____

I want to begin to _____

_____

I want to change _____

_____

I know I will have reached my goal when: _____

_____

My most important goal right now is: _____

_____

RELIGIOUS BACKGROUND

_____ **I do not affiliate with any religion**

Childhood Religious affiliation (please describe) _____

_____

_____

_____

Adult Religious Affiliation:

_____

_____

_____

Currently, how do you describe the role of religion in your life?
_____**strong** _____**moderate** _____**minimal** _____ **none**

Would you like to grow in your spiritual life? _____**yes** _____**no**

Do you desire faith-based counseling? _____**yes** _____**no**

I commit myself to making changes so that I may accomplish my goals.

Name	**Date**