

CRG
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Adult Questionnaire

Patient's Legal Name:	Birth Date:	Today's Date:
Preferred Name/Nickname:	Race:	Preferred Pronouns:
Current Gender Identity:	Sex Assigned at Birth/Legal Sex:	Sexual Orientation:
Relationship Status:	Person Completing Questionnaire (if different than patient):	Relationship to Patient:
Who referred you here?:		

HOW DID YOU HEAR ABOUT CRG:

- Family Dr. (Dr.'s name: _____)
- Therapist (Therapist's name: _____)
- School (School name: _____)
- Family member (Name: _____)
- Friend / Coworker (Name: _____)
- CRG Website
- Other (_____)

PRESENTING PROBLEM AND HISTORY OF TREATMENT

1. In the space below, please state why you are coming in today:

2. When did this become a problem?

3. Have you had any type of treatment for this problem? If so please describe:

In the box below, please give any other history of previous counseling/psychotherapy:

Age	Length of Treatment	Reason	Outcome

In the box below, please indicate any medications that you currently take:

Medicine Name	Dose	Reason	Effectiveness

4. Please list any other psychiatric medicines you have taken in the *past*:

5. Please indicate below any psychiatric hospitalizations, including your age, length of stay, reason, and outcome.

6. Do you have any allergies? If so, please list below:

SUBSTANCE USE

Please describe your use of any of the following substances including frequency per (week):

	Present Use	Past Use
Alcohol		
Tobacco		
Marijuana		
Cocaine		
Hallucinogens		
Other		

HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS

For each item below, please indicate if you feel this has been a problem for you either currently, in the past, or both.

	Current	Past	Comments
Depression			
Anxiety (general)			
Anxiety around people			
Attention			
Concentration			

	Current	Past	Comments
Memory			
Anger			
Suicidal Thoughts			
Cutting or other self-harming behavior			
Eating Problems			
Body image concerns			
Aggressive behavior			
Unstable Mood			
Unable to think clearly			
Seeing/hearing things that are not there			
Sexual abuse			
Physical abuse			
Emotional abuse			

FAMILY INFORMATION

1. Please describe the relationships of your parents or the individuals who raised you.

Date:

Married ___ _____

Single ___ _____

Separated ___ _____

Divorced ___ _____

Widowed ___ _____

Deceased ___ _____

2. Who did you grow up with (who was in the household in which you lived)?

3. Please list any siblings, including step-siblings and half-siblings, and their approximate ages:

4. Please describe your relationship with both of your *parents* as you were growing up:

5. Please describe your relationship with any *adoptive or step-parents* as you were growing up:

6. How did you get along with your *siblings*?

7. Did you/your family experience any significant losses or major changes (e.g., due to accidents, illnesses, job changes, moves, etc.)?

8. To the best of your knowledge, has any biological relative, or anyone you lived with, been diagnosed with or had symptoms of the following:

	None	Yes	Relation to Child	Comments
Depression				
Anxiety				
Suicide				

	None	Yes	Relation to Child	Comments
Bipolar Disorder				
Schizophrenia/Psychosis				
Eating Disorder				
Attention Difficulties				
Learning Problems				
Autism				
Anger				
Aggression				
Substance Abuse				
Illegal Behavior				
Other:				

PERSONAL INFORMATION

1. You would best describe yourself as:

Single _____

Separate _____

Married _____

Divorced _____

With a Partner _____

Widowed _____

2. Please describe your marital history or history of significant relationships (e.g., number of marriages/serious relationships, length of marriage/relationship, age when married, reason for break-up, etc.).

3. Do you have any children? If so, how many?

4. Who currently lives in your household?

5. What is your current employment status?

6. What is the highest grade or level of training you have achieved?

7. For each time period listed, please say a little about how you did in school (grades, attitude to school, friend/peer relationships, activities, problems, accomplishments, etc.).

Elementary:

Middle School/Junior High:

High School:

College:

8. Please describe any military history:

9. Religious/spiritual orientation:

11. Cultural/ethnic identification:

12. What do you consider to be your best qualities?

13. Please use the space below to tell us anything else you want us to know about you.

Thank you. Please share this completed form with our intake coordinator at intake@childrensresourcegroup.com