

ATLANTA COUNSELING CENTER  
6111-C Peachtree Dunwoody Road, Atlanta, GA 30328  
770.396.0232

**Child and Adolescent Client Information**

Date: \_\_\_\_\_ Therapist: \_\_\_\_\_

Full Name of Child/Adolescent: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Names:  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Child/Adolescent's phone (if applicable): \_\_\_\_\_

Best email address (indicate whose): \_\_\_\_\_

Permission to Email You: Yes \_\_\_\_\_ No \_\_\_\_\_

Who has legal custody of the minor: \_\_\_\_\_

Bill to: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Who referred you to ACC? \_\_\_\_\_

May I provide the referral source a thank-you note for your referral? Yes or No Initial here: \_\_\_\_\_

If no one referred you, how did you find out about our services?  
\_\_\_\_\_  
\_\_\_\_\_

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Please provide a brief description of why you are seeking counseling services for your child/adolescent:

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Please provide a brief description of any mental health or related services that your child/adolescent has received to address this or other mental health related problems (previous work with a counselor, psychiatrist, psychologist, psychological testing, etc.):

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**All payments are due at time of appointment. Although ACC providers are not contracted with any insurance carriers, we will provide documentation that you can submit to your insurance company for out of network reimbursement. Should your account have a balance, a statement will be sent to your home address and you are responsible for timely payment.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I attest that I (**please circle**) have/do not have (**please circle**) full/partial legal authority to make medical decisions for the forenamed minor and give my consent for treatment.

We very much appreciate the time you have spent in completing this form. Please add any additional comments below:

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FOR PARENT(S) TO COMPLETE (1 of 2 pages)**

Parents, the following is a list of common problems. Read each one carefully and circle the number to the right that best describes how much that problem is of concern to you for your child.

<b>0 – Not at all</b>	<b>1 – Mildly</b>	<b>2 – Moderately</b>	<b>3 – Very much</b>	<b>4 – Extremely</b>	
1. Feeling low in energy or slowed down.	0	1	2	3	4
2. Dissatisfied with his/her spiritual life.	0	1	2	3	4
3. Tendency to ruminate.	0	1	2	3	4
4. Loss of control, or anger outbursts/tantrums.	0	1	2	3	4
5. Complains about physical appearance or body image.	0	1	2	3	4
6. Nervousness or shakiness inside.	0	1	2	3	4
7. Troubled by sexual thoughts or behavior.	0	1	2	3	4
8. Drink/use drugs when troubled or under pressure.	0	1	2	3	4
9. Unusual fears that most people don't have .	0	1	2	3	4
10. Suicidal threats / gestures / attempts.	0	1	2	3	4
11. Sleep that is restless or disturbed.	0	1	2	3	4
12. Problems with police or legal matters.	0	1	2	3	4
13. Withdrawing and/or isolating, or prefer to be alone.	0	1	2	3	4
14. Loss/absence of enjoyment in life.	0	1	2	3	4
15. Fear of other people being aware of his/her thoughts.	0	1	2	3	4
16. Feeling hopeless about the future.	0	1	2	3	4
17. Problems with his/her eating.	0	1	2	3	4
18. Spells of terror or panic.	0	1	2	3	4
19. Feeling shy or uneasy with the opposite sex / same sex.	0	1	2	3	4
20. Drinking or emotional problems in the family.	0	1	2	3	4
21. Feeling that he/she is watched or talked about by others.	0	1	2	3	4

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**FOR PARENT(S) TO COMPLETE (2 of 2 pages)**

22. Past or present experience of trauma or bullying.	0	1	2	3	4
23. Difficulty feeling close to another person.	0	1	2	3	4
24. Poor or failing grades.	0	1	2	3	4
25. Difficulty with peer relationships.	0	1	2	3	4
26. Difficulty with teachers/authority figures.	0	1	2	3	4
27. Problems with attention and focus.	0	1	2	3	4
28. Impulsivity in speech or behavior.	0	1	2	3	4
29. Physical illness or sickness frequently interferes with life.	0	1	2	3	4
30. Difficulty in relationship with parents.	0	1	2	3	4
31. Frequent conflict between parents	0	1	2	3	4
32. Problems related to use of technology/social media.	0	1	2	3	4
33. Poor motivation.	0	1	2	3	4

**FOR CHILD/ADOLESCENT TO COMPLETE (1 of 2 pages)**

The following is a list of common problems. Read each one carefully and circle the number to the right that best describes how much that problem is of concern to you.

<b>0 – Not at all</b>	<b>1 – Mildly</b>	<b>2 – Moderately</b>	<b>3 – Very much</b>	<b>4 – Extremely</b>	
1. Feeling low in energy or slowed down.	0	1	2	3	4
2. Dissatisfied with my spiritual life.	0	1	2	3	4
3. Repeated, unwanted thoughts that won't leave my mind.	0	1	2	3	4
4. Loss of control, or fear of losing control of my temper.	0	1	2	3	4
5. Not satisfied with my weight or my physical appearance.	0	1	2	3	4
6. Nervousness or shakiness inside.	0	1	2	3	4
7. Troubled by sexual thoughts or behavior.	0	1	2	3	4
8. Drink/use drugs when troubled or under pressure.	0	1	2	3	4
9. Unusual fears that most people don't have .	0	1	2	3	4
10. Thoughts of ending my life.	0	1	2	3	4
11. Sleep that is restless or disturbed.	0	1	2	3	4
12. Problems with police or legal matters.	0	1	2	3	4\
13. Feel withdrawn, isolated, or prefer to be alone.	0	1	2	3	4
14. Loss/absence of enjoyment in life.	0	1	2	3	4
15. Other people being aware of my private thoughts.	0	1	2	3	4
16. Feeling hopeless about the future.	0	1	2	3	4
17. Problems with my eating.	0	1	2	3	4
18. Spells of terror or panic.	0	1	2	3	4

**FOR CHILD/ADOLESCENT TO COMPLETE (2 of 2 pages)**

19. Feeling shy or uneasy with the opposite sex / same sex.	0	1	2	3	4
20. Drinking or emotional problems in my family.	0	1	2	3	4
21. Feeling that I am watched or talked about by others.	0	1	2	3	4
22. Things about my life are too painful to talk about.	0	1	2	3	4
23. Difficulty feeling close to another person.	0	1	2	3	4
24. Academic struggles or poor grades.	0	1	2	3	4
25. Difficulty making or keeping friends.	0	1	2	3	4
26. Difficulty with teachers or other authority figures.	0	1	2	3	4
27. Problems with attention and focus.	0	1	2	3	4
28. Making decisions or saying things I regret.	0	1	2	3	4
29. Physical illness or sickness frequently interferes with my life.	0	1	2	3	4
30. Difficulty in relationship with my parents.	0	1	2	3	4
31. Frequent conflict between my parents.	0	1	2	3	4
32. Problems related to use of technology/social media.	0	1	2	3	4
33. Poor motivation.	0	1	2	3	4