

ADOLESCENT INTAKE FORM

Date _____

Referral Source _____

Name _____

Last

First

Middle

Address _____

Street

City/State

Zip Code

Home phone _____ Mobil/Pager _____

Date of Birth _____ Age _____

Name of parent (s) _____

Address _____

Street

City/State

Zip Code

In whose custody are you? _____

People currently in household:

Name	Relationship to you	Age	Educational Level	Occupation
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1.				
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2.				
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3.				
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4.				
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5.				
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6.				
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7.				
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Place of Employment _____ Work Phone _____

Permission to contact at work? Yes _____ No _____ Social Security # _____

School _____ Grade _____ Current Grades _____

Extracurricular Activities _____

Expelled from school? Yes ___ No ___ Do you skip classes? Yes ___ No ___

Have grades increased or decreased recently and why? _____

Family Doctor _____ Gynecologist _____

Medications currently taking _____

Any history of psychiatric illness in family? If yes, please explain _____

Have you or anyone in your family been in counseling before? If so, who and for what reason?

What brings you to counseling now? _____

Who are the people in your life that mean the most to you? _____

What is important to you? _____

If you have a problem, who are you most likely to share it with? _____

Who do you enjoy spending time with? _____

What are your interests/hobbies? _____

What are you plans for the future? _____

What is the accomplishment of which you are most proud? _____

Do you use drugs or alcohol? If so, Please describe _____

Have you ever experienced sexual difficulties? If so, please explain _____

Describe your relationship with your parents:
Past Present

Mother _____

Father _____

Step-Mother _____

Step-Father _____

List your siblings, step-siblings and their ages and briefly describe your relationship with them

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adolescent Behavioral Checklist

(To be completed by adolescent and parent)

Adolescent's Name _____ Age _____ Grade _____
Form completed by _____

Problem Behaviors

Please indicate the severity of these problem behaviors if you have seen or experienced them in yourself (adolescent) or in your teen (the parent) in the past three months.

0 -- Not at all 1 -- Rarely 2 -- Sometimes 3 -- Often 4 -- Most of the time 5 -- All of the time

- _____ Feels sad or depressed
- _____ Feels anxious or nervous
- _____ Problems with eating (lack of appetite, overeating, bulimia, anorexia)
- _____ Truancy from school
- _____ Arguing with others (peers, teachers, parents, authority figures)
- _____ Hurting animals
- _____ Problems with sleep (going to sleep, sleeping all night, too much sleep)
- _____ Nightmares
- _____ Excessive energy or difficulty being still
- _____ Talks of feeling worthless
- _____ Says that people, family, etc. would be better without him/her
- _____ Sets fires
- _____ Violent outbursts (throwing, breaking, or destroying objects)
- _____ Self destructive behavior (cutting, self-mutilation, taking pills)
- _____ Getting into verbal or physical fights
- _____ Talks about death
- _____ Running away or threats of running away
- _____ Using drugs or alcohol
- _____ Incidents with law enforcement
- _____ Verbal attacks on others
- _____ Worries that something bad is going to happen
- _____ Lies
- _____ Breaking rules (curfew, cheating, etc.)
- _____ Lonely or complains of not having friends
- _____ Apathy
- _____ Change in physical appearance or lack of concern about appearance

Functioning Levels

Rate the level of functioning you have observed in your adolescent in the following areas.

0 -- Extreme trouble 1 -- Quite a few troubles 2 -- Some troubles 3 -- Fair 4 -- Doing very well

- _____ Expresses emotions appropriately
- _____ Is motivated and finishes projects and assignments
- _____ Completes household chores and responsibilities
- _____ Attends school and is making passing grades
- _____ Thinks clearly and makes good choices
- _____ Gets along well with family
- _____ Gets along well with friends
- _____ Is able to concentrate, pay attention, and follow through on tasks
- _____ Participates in hobbies or recreational activities
- _____ Accepts limitations and responds appropriately when told "no"
- _____ Does things independently without supervision
- _____ Is earning money and handling it responsibly
- _____ Positive self-esteem