

ADOLESCENT INTAKE FORM - completed by adolescent

Please fill out forms as completely as possible and have them ready before the first therapy session.

CLIENT INFORMATION

Name: _____

Date of Birth: _____ Age: _____

Gender Identity: _____ Preferred Pronouns: _____

Phone (Cell): _____ Can we leave messages at this number? _____

School: _____ Grade: _____

CURRENT REASON FOR SEEKING THERAPY

Why are you coming to therapy? _____

How do you think therapy might help you?

PERSONAL STRENGTHS

What activities do you enjoy? _____

What personal qualities are you proud of? (e.g., kindness, intelligence) _____

THERAPY/TREATMENT HISTORY

Have you previously seen a therapist? Yes No

If yes, what did you find **most helpful** in therapy? _____

If yes, what did you find **least helpful** in therapy? _____

FAMILY INFORMATION

Are your parents married, divorced, or separated? _____

Do you think their relationship is good? Yes No Unsure

If your parents are divorced, whom do you primarily live with? _____

Were you adopted? Yes No

Do you have siblings? Yes No

How would you describe your relationship with your siblings? _____

FAMILY CONCERNS *Please check any concerns that your family is currently experiencing.*

Fighting Disagreeing about relatives Feeling distant Disagreeing about friends

Loss of fun Alcohol use Lack of honesty Drug use Physical fights

Education problems Divorce/separation Financial problems

Issues regarding remarriage Death of a family member Birth of a sibling

Abuse/neglect Birth of a child

Please share any other concerns you have: _____

PEER RELATIONS

How do you consider yourself socially? Outgoing Shy Depends on the situation

Are you happy with the number of friends you have? Yes No

Have you ever been bullied? Yes No If yes, please describe: _____

Are your parents comfortable with your friends and social life? Yes No

Are you involved in any organized social activities? (e.g., sports, music)? _____

What would you like to change about your social life if you could? _____

SCHOOL HISTORY

On a scale of 1-10 (10 being the most) how much do you enjoy school? _____

Do you attend regularly? Yes No

Generally, how are your grades? _____

Have there been any significant changes in your grades? Yes No

Do you feel you are doing the best you can at school? Yes No Unsure

INDIVIDUAL CONCERNS

Is there anything else you would like to share? _____

Please place a checkmark in the appropriate box for each of the following that you might be experiencing:

SYMPTOM	NONE	MILD	MOD	SEVERE	SYMPTOM	NONE	MILD	MOD	SEVERE
SADNESS					SOCIAL ISOLATION				
CRYING					PARANOID THOUGHTS				
PROBLEMS AT HOME					INDECISIVENESS				
HYPERACTIVITY					LOW ENERGY				
BINGING/PURGING					EXCESSIVE WORRY				
LONELINESS					POOR CONCENTRATION				
UNRESOLVED GUILT					LOW SELF WORTH				
IRRITABILITY					ANGER ISSUES				
NAUSEA/INDIGESTION					IDENTITY QUESTIONS				
SOCIAL ANXIETY					HALLUCINATIONS				
SELF HARM/CUTTING					RACING THOUGHTS				
IMPULSIVITY					RESTLESSNESS				
NIGHTMARES					DRUG USE				
HOPELESSNESS					ALCOHOL USE				
ELEVATED MOOD					EASILY DISTRACTED				
MOOD SWINGS					TRAUMA FLASHBACKS				
ANOREXIA					OBSESSIVE THOUGHTS				
GRIEF					PANIC ATTACKS				
PHOBIAS					FEELING ANXIOUS				
HEADACHES					FEELING PANICKY				
CHANGE IN WEIGHT					SUICIDAL THOUGHTS				
CHANGE IN APPETITE					HOMICIDAL THOUGHTS				
DIFFICULTY SLEEPING					SELF-HARM THOUGHTS				
DIFFICULTY REMEMBERING THINGS					PERFECTIONISM				
LACKING MOTIVATION					OTHER				

The following confidentiality notice and guidelines have been presented to your parents.

I strongly believe that for therapy to be helpful to an adolescent there needs to be as much confidentiality for them as possible in the therapy process. If an issue falls into the following categories...

- your adolescent is clearly unsafe or at risk of harming themselves
- your adolescent is at risk of being harmed by anyone else

- your adolescent is at risk of harming someone else
- we are required by a court to disclose treatment records

...I will follow the clinically and legally appropriate reporting requirements. Outside of this, I will encourage your adolescent to express themselves freely, and assure them that there will be confidentiality provided to them in this process. I need your adolescent to be open and honest with me in order to understand and treat the full range of issues your adolescent is facing, and they may be too scared, angry, or ashamed right now to share those issues with you. I also recognize it is very important for you to know what your adolescent is going through in order to do your job as a parent, which is why I will always encourage your adolescent to be open and honest with you. I will encourage, prepare, and support your adolescent so that they feel safe enough to share those issues with you, and I am happy to facilitate family meetings whenever helpful and appropriate.

(printed name)

(signature)

(date)