



This questionnaire will help me get to know a little more about your situation and how I may be of help to you. If you feel uncomfortable with any question you may leave it blank and we can discuss it when we meet.

ADOLESCENT INTAKE FORM (ages 12-17)

CLIENT INFORMATION

Name: _____
Date of Birth: _____ Age: _____
Physical Address: _____
Mailing Address: _____
Phone (Cell): _____ Messages okay? _____
Phone (Home): _____ Messages okay? _____
School: _____ Grade: _____
Race/Ethnic Origin: _____
Religious Preference: _____

PERSONAL STRENGTHS

What activities do you enjoy and feel you are successful when you try?

Who are some of the influential and supportive people, activities (e.g. walking) or beliefs (e.g. religion) in your life? (Please describe)

CURRENT REASON FOR SEEKING THERAPY

Briefly describe the problem for which you are seeking therapy?

What would you like to see happen as a result of therapy?

THERAPY/MEDICAL HISTORY

Have you previously seen a counselor? ____ Yes ____ No

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

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

CHEMICAL USE AND HISTORY

Do you currently use alcohol? ____ Yes ____ No

If yes, how often do you drink? ____ Daily ____ Weekly ____ Occasionally ____ Rarely

If yes, how much do you drink? _____ (#) per time.

Do you currently use Tobacco? ____ Yes ____ No

If yes, how much do you smoke/chew? _____

Do you currently use any other drugs? ____ Yes ____ No

If yes, what drugs do you use? _____

If yes, how often do you use? ____ Daily ____ Weekly ____ Occasionally ____ Rarely

Have you received any previous treatment for chemical use? Y/N _____

If so, where did you go? _____

____ Inpatient ____ Outpatient

(please answer the following with Y/N)

Have you ever used more than 1 chemical at the same time to get high? _____

Do you avoid family activities so you can use? _____

Do you have a group of friends who also use? _____

Do you use to improve your emotions such as when you feel sad or depressed? _____

LEGAL ISSUES

Please list any legal issues that are affecting you or your family at present, or have had a significant effect upon you in the past. _____

FAMILY HISTORY

Are your parents married or divorced? _____

Do you think their relationship is good? (Y / N /Unsure)_____

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

How often do you see each parent? Mom _____ % Dad _____ %.

Did you experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

FAMILY CONCERNS (Please check any family concerns that your family is currently experiencing)

Fighting	Disagreeing about relatives
Feeling distant	Disagreeing about friends
Loss of fun	Alcohol or Drug use
Lack of honesty	Trauma
Medical Concerns	Divorce/separation
Education problems	Issues related to remarriage
Financial problems	Birth of sibling
Death of a family member	Job change/job dissatisfaction
Inadequate health insurance	
Inadequate housing/Feeling unsafe	

Other concerns not listed above _____

PEER RELATIONS

How do you consider yourself socially? _____outgoing _____shy _____depends on the situation.

Are you happy with the amount of friends you have? (Y/N)_____

Have you ever been bullied? (Y/N) _____

Are your parents happy with your friends? (Y/N)_____

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

ACADEMIC HISTORY

Do you like school? (Y/N)_____

Do you attend regularly? (Y/N)_____

What are your current grades? _____

Do you feel you are doing the best you can at school? (Y/N) _____

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