

## ADOLESCENT INTAKE FORM

This form needs to be filled out by the minor - aged 12 - 17.

Name:		Age:	Date:	
Nickname:		Male/Female	Date of Birth:	
Full Address:				
				Contact Y/N
Grade:	School:	E-mail:		
Home Phone	(    )	Cell Phone	(    )	
Caregiver/Mother's Name		Caregiver/Mother's Cell Phone	(    )	
Caregiver/Father's Name		Caregiver/Father's Cell Phone	(    )	
Do you consider yourself spiritual or religious? Yes ____ No ____	Do you have any animals? If so, describe.		What are your strengths?	
Do you smoke? How often?	Do you drink alcohol? How often?		How many hours do you play video games?	
How many hours do you sleep?	How many times do you exercise during the week?		What are your weaknesses?	
Who lives in the house with you? (Parents, step- family, siblings, etc. – list names and age for siblings)				
Describe Present Health:				
Current Medications:				
Why are you coming to counseling today?				
Describe yourself in 3 words:				
What do you hope to achieve in counseling?				
Please describe any past counseling. Has it helped? When have you done counseling?				
Are you having any difficulty with appetite or eating habits? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, check where applicable: <input type="checkbox"/> Eating less <input type="checkbox"/> Eating more <input type="checkbox"/> Binging <input type="checkbox"/> Restricting Have you experienced significant weight change in the last 2 months? <input type="checkbox"/> No <input type="checkbox"/> Yes				

How often do you engage recreational drug use?

Daily    Weekly    Monthly    Infrequently    Never

**Circle any presenting problems or complaints:**

very unhappy   irritable   impulsive temper outbursts   withdrawn   daydreaming   fearful

overactive   short attention span   clumsy   distractible   slow   phobic   peer conflict

stubborn   disobedient   shy   rocking   head banging   destructive   running away   sickly

truancy   soiled pants   eating problems   fire setting   lying   mean to others   sexual problems

sleeping problem   undependable   stealing   bed wetting   suicide talk   school performance

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Is there anything you want to tell us that are not listed on this form? Write or Draw it here: