Finding Center Counseling and Wellness Services

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ADOLESCENT INTAKE FORM

Hello and welcome. Thank you for taking the time to complete this form. The information is meant to help us start our time together in a meaningful way. Some of what is asked may feel very personal, please complete as you feel comfortable.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____
City State Zip

Phone #'s: (H) _____ (C) _____
Ok to leave message at home? Yes / No *on your cell?* Yes / No *to text?* Yes / No

E-Mail: _____ School: _____

Racial/Ethnic Identity: _____ Gender Identity: _____

CURRENT REASON FOR SEEKING COUNSELING

Briefly describe what brings you to counseling: _____

_____

_____

What would you like to happen as a result of counseling? _____

_____

_____

PAST EXPERIENCE WITH COUNSELING

Experience with therapy (when, how long, with whom): _____

_____

What did you find most helpful in therapy? _____

_____

What did you find least helpful in therapy? _____

_____

PERSONAL STRENGTHS

What activities do you enjoy? _____

_____

Who are some of the people you can turn to for support? _____

_____

What are some things you do to take care of yourself? _____

_____

Do you have a spiritual or religious belief that is meaningful to you? If so, please describe: _____

_____

FAMILY HISTORY

Are your parents living together, married or divorced? _____

What do you think of their relationship? _____

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

How often do you see each parent? _____

Do you have stepparents? _____

If so, how is your relationship with them? _____

Who is the one person you are closest to? _____

Current family or living situation: _____

_____

Others living in your home:

Name _____ Relationship _____ Gender_____ Age _____

Name _____ Relationship _____ Gender_____ Age _____

Name _____ Relationship _____ Gender_____ Age _____

Name _____ Relationship _____ Gender_____ Age _____

Name _____ Relationship _____ Gender_____ Age _____

FAMILY CONCERNS

✓ *Check if 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		Feeling unsafe
	School problems		Divorce/separation
	Financial problems		Issues regarding remarriage
	Death of a family member		Birth of a sibling
	Abuse/neglect		Birth of a child
	Inadequate housing		Inadequate health insurance
	Adult is unemployed		Addiction
	Disrespecting each other		Other…

SOCIAL MEDIA

Please share the social media formats that you use (Facebook, Twitter, SnapChat, Instagram, etc):

_____

_____

Do your parents have access to your social media, email, texting and/or phone? □ Yes □ No

Do your parents have any issues or concerns with your use of phone, text, email, or social media?

_____

_____

PEER RELATIONSHIPS

How do you consider yourself socially: □ outgoing □ shy □ depends on the situation

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

Who is/are your closest friend(s)? _____

_____

What school / sports activities are you involved in? _____

_____

Have you ever been bullied? □ Yes □ No

Have you ever been sexually harassed or assaulted? □ Yes □No

SCHOOL

Do you like school? □Yes □No

What's the best part of school? _____

What's the worst part of school? _____

Do you attend regularly? □ Yes □No If no, why not? _____

INDIVIDUAL CONCERNS

✓	*Check if you are currently experiencing…*	✓	
	Sadness		Disagreeing about relatives
	Crying		Disagreeing about friends
	Sleep disturbances		Exploring gender
	Hyperactivity		Feeling uncomfortable in your body
	Social anxiety		Low energy
	Cutting		Anger issues
	Impulsivity		Spiritual concerns
	Nightmares		Hallucinations
	Hopelessness		Drug Use
	Disordered eating		Alcohol Use
	Grief		Abuse
	Headaches/Body pains		Other…

Do you have any other worries or concerns you would like to share? _____

_____

_____

_____