



### Teen Intake Form (part 1 for parent, part 2 for teen)

Please answer all information as completely as possible. Information given is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed. Your counselor will discuss your responses with you in your interview.

#### Part 1 to be completed by Parent/Guardian:

Teen's Name \_\_\_\_\_ First Visit Date: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Teen's Legal Guardian(s) (Managing Conservator): \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*In order to protect your privacy, if you allow me to call and /or leave a message, I do not identify myself as a counselor. I identify myself to whomever answers as simply John Henry with no reference as to why I am calling.*

Home Phone: \_\_\_\_\_ (May call: yes/no; May leave message: yes/no)

Work Phone: \_\_\_\_\_ (May call yes/no; May leave message: yes/no)

Cell Phone: \_\_\_\_\_ (May call yes/no; May leave message: yes/no)

Email Address: \_\_\_\_\_ (for appointment reminders and for paperwork)

In case you are not available, please name another person(s) to contact in case of Emergency:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Teen's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### CONCERNS/PROBLEMS/ISSUES

Please provide a brief description of why you are seeking counseling/therapy services for your teen: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anything happened that may have brought on/intensified your teen's problems? Yes/No. If yes, please explain:

\_\_\_\_\_

When did your teen first begin to experience these problems? \_\_\_\_\_

\_\_\_\_\_

What outcome are you hoping for from our time together? \_\_\_\_\_

\_\_\_\_\_

**POSSIBLE CURRENT CONCERNS**

- In the blank **BEFORE** the item indicate **severity** of the following by using 1-mild; 2-moderate; 3-severe.

**Skip any that are not an issue.**

- In the blank **AFTER** the statement put **how many times** per week/month it's a concern.

**Severity?**

**How often?**

- \_\_\_ Adjustment to life changes (parents' divorce, move, loss/death of someone close, etc.) \_\_\_\_\_
  - \_\_\_ Behavior problems \_\_\_\_\_
  - \_\_\_ Bed wetting \_\_\_\_\_
  - \_\_\_ Eating problems (purging, bingeing, overeating, hoarding, severely restricting diet) \_\_\_\_\_
  - \_\_\_ Excessive Behaviors (spending, gambling, etc.) \_\_\_\_\_
  - \_\_\_ Illegal behaviors (runaway, stealing, fire setting, truancy, etc.) \_\_\_\_\_
  - \_\_\_ Drug or alcohol use (both legal and illegal drugs) \_\_\_\_\_
  - \_\_\_ Self injurious **behaviors** \_\_\_\_\_
  - \_\_\_ **Thoughts** of hurting self or others \_\_\_\_\_
  - \_\_\_ Sexual problems/behavior \_\_\_\_\_
  - \_\_\_ Sleep problems (nightmares, sleeping too much or too little, etc.) \_\_\_\_\_
  - \_\_\_ Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems, etc.) \_\_\_\_\_
  - \_\_\_ Learning/Academic difficulties \_\_\_\_\_
  - \_\_\_ Family or Step-family relationship problems \_\_\_\_\_
  - \_\_\_ Making/keeping friends \_\_\_\_\_
  - \_\_\_ Non-family relationship (friend, teacher, etc.) \_\_\_\_\_
  - \_\_\_ Disturbing memories (past abuse, neglect or other traumatic experience) \_\_\_\_\_
  - \_\_\_ Fears or Phobias \_\_\_\_\_
  - \_\_\_ Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, etc.) \_\_\_\_\_
  - \_\_\_ Stress \_\_\_\_\_
  - \_\_\_ Feeling angry or irritable \_\_\_\_\_
  - \_\_\_ Feeling guilty or shameful \_\_\_\_\_
  - \_\_\_ Feeling Lonely \_\_\_\_\_
  - \_\_\_ Feeling sadness or depression or suicidal urges related to grief \_\_\_\_\_ **NOT related to grief** \_\_\_\_\_
  - \_\_\_ Self esteem problems \_\_\_\_\_ Sexual identity concerns \_\_\_\_\_
  - \_\_\_ Health concerns (physical complaints and/or medical problems) \_\_\_\_\_
  - \_\_\_ Religious or Spiritual concerns \_\_\_\_\_
  - \_\_\_ Unusual experiences (loss of periods of time, sensing unreal things, etc.) \_\_\_\_\_
- How much is/are the problems **as a whole** affecting your **teen**? \_\_\_ Mildly \_\_\_ Moderately \_\_\_ Severely

**HISTORY**

Has your child previously seen a therapist/counselor ? \_\_\_ When? \_\_\_\_\_

Counselor's name? \_\_\_\_\_ For what issue/s? \_\_\_\_\_

What was effective about that treatment? \_\_\_\_\_

What was ineffective about that treatment? \_\_\_\_\_

Is your teen taking any medications? No Yes (which ones) \_\_\_\_\_

Has your child always lived with you? No Yes \_\_\_\_\_

How is your teen disciplined? Please list each method and frequency of use: \_\_\_\_\_

Was there a time when you became worried that something wasn't quite right with your child? \_\_\_ No \_\_\_ Yes  
When was this? \_\_\_\_\_

**Trauma History (Remember that I am a mandated reporter of child abuse)**

Natural disaster? \_\_\_\_\_

Loss of a parent, step parent, sibling, pet? \_\_\_\_\_

Witness to domestic violence? \_\_\_\_\_

Witness to street/school violence? \_\_\_\_\_

Has your teen been verbally abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Has your teen been physically abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Has your teen been sexually abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Other stressors or traumas? \_\_\_\_\_

**MORE ABOUT MY TEEN**

Briefly describe any significant event in your teen's development (including physical, psychological, emotional, intellectual, social, spiritual, and academic): \_\_\_\_\_

What are your teen's hobbies? \_\_\_\_\_

My teen's sources of satisfaction: \_\_\_\_\_

My teen's sources of stress: \_\_\_\_\_

My teen's typical day: \_\_\_\_\_

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Describe teen's attention span: \_\_\_ Long \_\_\_ Moderate \_\_\_ Short \_\_\_ Hyperfocus

Describe the teen's persistence: does he/she continue working on a project despite obstacles or give up easily?

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Does he/she have a favorite friend (other than sibling)? If Yes who? \_\_\_\_\_

Describe any concerns you have about his/her social skills or behavior \_\_\_\_\_

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What are his/her current favorite play activities? \_\_\_\_\_

Please indicate the hours per day of: TV \_\_\_\_\_ Computer \_\_\_\_\_ Video Games \_\_\_\_\_

How many times has he/she moved? \_\_\_\_\_

Is the current neighborhood teen-friendly? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Family support comes from: \_\_\_ Extended family \_\_\_ Neighbors \_\_\_ Friends \_\_\_ Church \_\_\_ Counselor

What do you view as your teen's major strengths and positive traits? \_\_\_\_\_

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----- **Part 2 - To be completed by the client teen** -----

Hey, thanks in advance for going to the trouble of filling this out.

What are you good at doing?

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What do you like about yourself?

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What do other people like about you?

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Is there anything you are afraid of?

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If you had three wishes, what would they be?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If anything in your life could be different, what would you want to change?

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Who is your favorite hero or fictional character? \_\_\_\_\_

What do you like about him/her? \_\_\_\_\_

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Who is Jesus to you? \_\_\_\_\_  
\_\_\_\_\_

List three things that are important to you

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Tell about one dream you've had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you could go to the moon, who would you take with you? \_\_\_\_\_

\_\_\_\_\_

If you found a thousand dollars lying on the sidewalk, what would you buy with it?

\_\_\_\_\_  
\_\_\_\_\_

Complete the sentence:

I am \_\_\_\_\_

\_\_\_\_\_

Others are \_\_\_\_\_

\_\_\_\_\_

My world is \_\_\_\_\_

\_\_\_\_\_

Anything else you want me to know? \_\_\_\_\_