

## ADOLESCENT INTAKE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Who are you presently living with? \_\_\_\_\_

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

Hobbies: \_\_\_\_\_

Job: \_\_\_\_\_

Do you believe in God?  Yes  No What is your present religious preference? \_\_\_\_\_

What concerns have brought you to counseling today? \_\_\_\_\_

### PROBLEMS CHECKLIST

Please Rate Each Issue With a Number: 1 = Major Problem 2 = Sometimes a Problem 3 = Never a Problem

\_\_\_\_\_ Feeling accepted by my peers

\_\_\_\_\_ Learning how to trust others

\_\_\_\_\_ Feeling bad about the way I look/my body

\_\_\_\_\_ Getting along with my parents or other family members

\_\_\_\_\_ Getting a clear sense of what I value

\_\_\_\_\_ Worrying about whether I'm normal

\_\_\_\_\_ Dealing with sexual feelings and/or problems

\_\_\_\_\_ Excessive worry or anxiety

\_\_\_\_\_ Trying to decide on a career

\_\_\_\_\_ Never eating/eating too much and vomiting to control weight

\_\_\_\_\_ Dealing with my alcohol or drug abuse

\_\_\_\_\_ Dealing with problems at school

\_\_\_\_\_ Dealing with how I feel about myself

\_\_\_\_\_ Struggling with any suicidal ideation (thoughts of feeling hopeless at times or wanting to quit life)

Are there any other problems or concerns you would like to address? \_\_\_\_\_