

INTAKE FORM: Adolescent

Please provide the following information and answer the questions below. Please note: Information you provide here is protected as confidential information.

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise? _____

What types of exercise do you participate in?: _____

4. Please list any difficulties you experience with your appetite or eating patterns.

5. Are you currently experiencing any chronic pain?

No

Yes

If yes, please describe? _____

6. Are you currently in a romantic relationship? No Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

7. What significant life changes or stressful events have you experienced recently:

8. Are you currently employed? No Yes

If yes, what is your current employment situation:

Do you enjoy your work? Is there anything stressful about your current work?

9. Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

10. What would you like to accomplish out of your time in therapy?

Family History

What is it like growing up in your family? _____

Who are you close to? _____

Do you have meals together as a family? _____

Do you go on vacation together? _____

Do you have any family secrets? _____

How would you describe your relationship with your mother? _____

How would you describe your relationship with your father? _____

How would you describe your parents' relationship with each other? _____

Please list 5 words or adjectives that reflect your relationship with your mother, starting as far back as you can remember. _____

Please list 5 words or adjectives that reflect your relationship with your father, starting as far back as you can remember. _____

As a child, who did you turn to when you were hurt or upset? _____

How is your relationship with your siblings? _____

How would you describe your childhood? _____

Do you have friends? _____

Are you doing well in school? _____

Are you involved in activities? _____

Do you feel like you are part of a community? _____

Were there any significant changes that affected you as a child? _____

How would you describe your teenage years so far? _____

Indicate relationship history – how long in relationship, who ended it, how, why, etc. _____
