

YOUTH INTAKE FORM (ages 12-17)

To be completed by the adolescent/teen client on their own.

CLIENT INFORMATION

Name: _____

Date of Birth: _____ Age: _____ Male / Female

Phone (Cell): _____ Messages okay? ___ Text reminder okay? ___

School: _____ Grade: _____

CURRENT REASON FOR SEEKING COUNSELING

Briefly describe the issue that you are facing that brings you to counseling? _____

What are the goals you'd like to achieve as a result of counseling? _____

Have you ever been to a counselor before? Yes No

If yes, did you find counseling helpful? Why or why not? _____

PERSONAL STRENGTHS

What activities do you enjoy? _____

Who are the influential and supportive people in your life (adults, peers, etc.)? Please describe. _____

Is spirituality/faith important to you? Please explain. _____

Describe your major goals or dreams for your future. _____

FAMILY HISTORY

How would you describe your family? _____

Are your parents married or divorced? _____

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

Have you experienced any type of abuse (physical, verbal, emotional, or sexual) inside or outside of the home? Please describe as much as you feel comfortable. _____

LEGAL ISSUES

Please list any legal issues that are affecting you or your family at present, or have had a significant effect upon you in the past. _____

PEER RELATIONS

How would you describe yourself in social situations (outgoing, shy, etc.)? _____

Are you happy with the number and quality of friends you have? Why? _____

Are your parents happy with your friends? Why? _____

Have you ever been bullied? (Y/N) _____

Are involved in any organized social activities(sports, scouts, music, etc.)? _____

CHEMICAL USE AND HISTORY

Do you currently use alcohol? Yes No / Daily Weekly Occasionally Rarely

Do you currently use Tobacco? Yes No

Do you currently use any other drugs? Yes No

If yes, which drugs do you use? _____

Have you received any previous treatment for chemical use? Yes No

ADDITIONAL INFORMATION

Is there anything else that you think may be important for me to know? _____
