



Adolescent Intake Form

To be completed by adolescent ages 13 and up. This information will help your counselor understand you and your concerns better. As with all communications with your therapist, it will be kept confidential to the full extent of Georgia law.

Today's Date: _____

Identifying/Contact Information

Your Name: _____ Date of Birth: _____ Sex (M/F): _____

What do people call you at home? _____ At school? _____

You live with: Both biological parents _____ Mother _____ Father _____

Mother and stepfather _____ Father and stepmother _____

Other (please specify): _____

Family Members

Mother's Name _____

How do you get along? _____

Father's Name _____

Brother/Sister
Name

Age

Live with
you now?

How do you get along?

List other people that live in your house and how you get along:

Describe what you like to do for fun at home _____

Do you drive? _____ Are you working? _____ How many hours/week? _____

School and Activities

Name of school you attend _____ Grade _____

What kind of grades do you get? _____

Do you have any learning difficulties? If so, please specify _____

What do you like best about school? _____

What do you like least about school? _____

Describe your personality at school (example: shy, outgoing, popular, hard to make friends, quiet, etc.) _____

Who are your best friends? _____

What activities inside and outside of school do you participate in (sports, clubs, youth groups, etc.)?

Do you belong to a church? _____ Which one? _____

Is going to church or youth group important to you? _____

Counseling Concerns

What problems are you having at home or at school? _____

Is there a problem no one knows about? _____

When did the problem(s) start? _____

When has it gotten better? _____

What do you think helped? _____

Were there times when the problem has been especially bad? _____

Who makes the problem worse? _____

Who makes the problem better? _____

Have you been able to talk to your parents about this problem? _____

Are you willing to see if counseling will help? _____

Is there anything else you would like your counselor to know at this time? _____

Have you had any previous counseling? If yes, where and by whom? _____

Scale of Current Concerns

On a scale of 0 to 5 choose a number that shows you worried you are about the situations, feelings, or problems below.



Not a problem



Sometimes a Problem



A big problem

0

1

2

3

4

5

___ Adjustment to parent's remarriage

___ Anger/temper

___ Bullying

___ Cruelty to animals

___ Divorce/separation of parents

___ Family problems

___ Fearfulness

___ Feeling sad

___ Fire setting

___ Nightmares

___ Overeating

___ Physical problems

___ Poor appetite

___ Problems sleeping

___ Problems with friends

___ Purging food

___ Restricting your food

___ Religious/spiritual concerns

___ Self-esteem

___ Sexual concerns

___ Thoughts of suicide

___ Unhappy most of the time

___ Use of alcohol

___ Use of drugs

___ Work

___ Worry

___ Worry about grades

Other problems: _____

SENTENCE COMPLETION
Adolescent Version

1. If I were older
2. Girls
3. What makes me mad is
4. My father
5. I miss
6. I am scared
7. I often think of myself as
8. I dream of
9. I hate
10. If I don't get what I want at home
11. What worries me is
12. Other people think I'm
13. Prayer is
14. Boys
15. Being my age is
16. I don't think I can
17. It's tough when
18. At home
19. Teachers are
20. If only I were not so
21. God to me is
22. Sometimes I think about
23. If I were smarter
24. Sometimes I feel like
25. My mother
26. If my parents had only
27. I would be happier if
28. I'm glad I'm
29. If I could choose my family



Name: _____ Date: _____

Brief Mood Survey*

Instructions. Use checks (✓) to indicate how you're feeling. **Please answer all the items.**

	☺ 0-Not at all	1-A little	☹ 2-In between	3-A lot	☹ 4-Completely
How sad do you feel right now?					
1. I feel sad and unhappy.					
2. I feel like things will never get better.					
3. I'm no good.					
4. I feel like a loser.					
5. I'm not having any fun.					
Total →					

How suicidal have you been feeling recently?					
1. Sometimes I wish I were dead.					
2. Sometimes I want to kill or hurt myself.					
Total →					

How anxious do you feel right now?					
1. I feel scared.					
2. I feel worried.					
Total →					

How shy do you feel right now?					
1. I feel shy around other people.					
2. I worry that people won't like me because I'm shy.					
Total →					

How angry do you feel right now?					
1. I'm mad.					
2. I'm angry.					
Total →					

Trouble Concentrating					
1. It's hard for me to pay attention.					
2. It's hard for me to focus on things.					
Total →					

Feeling Restless					
1. It's hard for me to sit still.					
2. I feel restless or squirmy.					
Total →					