

INTAKE FORM FOR PARENT AND ADOLESCENT (ages 12+)

This intake form requires information on **BOTH** parent/guardian and adolescent. Please **read each section carefully** to understand which section pertains to you and which selection pertains to your adolescent.

CUSTODIAL PARENT/GUARDIAN INFORMATION (Who has legal custody of this adolescent)	
___ Both Parents ___ Mother ___ Father ___ Other (complete info. in box)	
First Name: _____	MI: _____ Home PH: _____
Last Name: _____	Work PH: _____
Address: _____	DOB: ____ / ____ / ____
City: _____	State: _____ Zip: _____
	___ Male ___ Female
Relation to Client: _____	

BIOLOGICAL PARENT INFORMATION

Mother

First Name: _____ Last Name: _____

D.O.B. (mm/dd/yyyy) ____ / ____ / _____

Address: _____ Home PH: _____

_____ Cell PH: _____

Occupation: _____ How Long: _____

Place of Employment: _____

Education (highest grade or degree completed): _____

Other Education or Training: _____

MARITAL STATUS: ___ Married ___ Single ___ Divorced ___ Widowed ___ Co-Habiting

If married: wedding date: ____ / ____ / _____ How many previous marriages? _____

If spouse is step-parent or if you are co-habiting:

Name: _____

Get along with client? ___ Yes ___ No

Father

First Name: _____ Last Name: _____

D.O.B. (mm/dd/yyyy) ____ / ____ / _____

Address: _____ Home PH: _____

_____ Cell PH: _____

Occupation: _____ How Long: _____

Place of Employment: _____

Education (highest grade or degree completed): _____

Other Education or Training: _____

MARITAL STATUS: ___ Married ___ Single ___ Divorced ___ Widowed ___ Co-Habiting

If married: wedding date: ____ / ____ / _____ How many previous marriages? _____

If spouse is step-parent or if you are co-habiting:

Name: _____

Get along with client? ___ Yes ___ No

ADOLESCENT/CLIENT INFORMATION

First Name: _____ Last Name: _____

Gender: ___ Male ___ Female D.O.B. (mm/dd/yyyy): ____ / ____ / _____

School: _____ Grade: _____

Physician(s) of ADOLESCENT: _____

ADOLESCENT'S MEDICATIONS

Current Medications

Medication	Dosage	Frequency

Past Medications

Medication	Dosage	Frequency

List all persons living in the home with adolescent:

Name	Age	Sex	Relationship to adolescent

List other children not in the home:

Name	Age	Sex	Relationship to adolescent

CHECK ANY OF THE FOLLOWING BEHAVIORS THAT ARE TRUE OF YOUR TEEN

- Affectionate
- Angry
- Argues, "talks back", smart-alecky, defiant
- Blames others for his/her actions
- Bored
- Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- Cheats
- Clings to you too much
- Cruel to animals
- Concern for others
- Conflicts with parents – over persistent rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends
- Complains
- Confused
- Cries easily, feelings are easily hurt
- Dawdles, procrastinates, wastes time
- Difficulty with parents' new marriage/new family
- Dependent, immature
- Developmental delays

- _____ Disrupts family activities
- _____ Disobedient, uncooperative, refuses, non-compliant, doesn't follow rules
- _____ Distractible, inattentive, poor concentration, daydreams, slow to respond
- _____ Dropping out of school
- _____ Drug or alcohol use
- _____ Eating – poor manners, refuses, appetite increase or decrease, odd combinations, overats
- _____ Exercise problems
- _____ Extracurricular activities interfere with academics
- _____ Failure in school
- _____ Fearful
- _____ Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- _____ Fire setting
- _____ Friendly, outgoing, social
- _____ Guilty
- _____ Hard time making and keeping friends
- _____ Headaches
- _____ Hypochondriac, always complains of feeling sick
- _____ Immature, "clowns around", has only younger playmates
- _____ Imaginary playmates
- _____ Independent
- _____ Interrupts, talks out, yells
- _____ Lacks organization, unprepared
- _____ Lacks interest in things he/she used to like
- _____ Lacks remorse
- _____ Lacks respect for authority, insults, dares, provokes, manipulates
- _____ Learning disability
- _____ Legal difficulties: truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
- _____ Likes to be alone, withdraws, isolates
- _____ Lying
- _____ Low frustration tolerance, irritability
- _____ Moody
- _____ Mute, refuses to speak
- _____ Nail biting
- _____ Nervous
- _____ Nightmares
- _____ Need for high degree of supervision at home
- _____ Obedient
- _____ Obesity
- _____ Overactive, restless, hyperactive, out-of-seat behaviors, fidgety, noisiness
- _____ Oppositional, resists, refuses, does not comply, negativism
- _____ Prejudiced, bigoted, insulting, name calling, intolerant
- _____ Pouts
- _____ Recent move, new school, loss of friends
- _____ Relationships with siblings and/or peers are poor – competition, fights, teasing, assaults
- _____ Responsible

- _____ Runs away
- _____ Sad, unhappy
- _____ School problems
- _____ Sees or hears things that aren't there
- _____ Self-harming behaviors – biting or hitting self, head banging, scratching self, cutting, hair pulling
- _____ Speech difficulties
- _____ Sexual – sexual preoccupation, public masturbations, inappropriate sexual behaviors
- _____ Shy, timid
- _____ Sleeping trouble: too much or too little
- _____ Stomach aches
- _____ Strange thoughts
- _____ Stubborn
- _____ Suicide talk or attempt
- _____ Swearing, foul language
- _____ Temper tantrums, rages
- _____ Thumb sucking, finger sucking, hair chewing
- _____ Tics – involuntary rapid movements, noises, or word productions
- _____ Teased, picked on, victimized, bullied
- _____ Truant – school avoiding
- _____ Underactive – slow-moving, slow-responding, lethargic
- _____ Uncoordinated, accident-prone
- _____ Vomits often
- _____ Wetting or soiling the bed or clothes
- _____ Will not eat
- _____ Withdraws
- _____ Work problems – employment, workaholism/overworking, can't keep a job
- _____ Rocking or other repetitive movements

Other:

Is there anything causing your family stress right now? ____ Yes ____ No

Explain: _____

Has this teen been subject to neglect, physical, sexual, or emotional abuse? ____ Yes ____ No

If "yes", what form? _____

Is this child at risk for out-of-home placement because of behavior problems? ____ Yes ____ No

If "yes", please explain: _____

What are your teen's assets or strengths? _____

What have you found to be satisfactory ways to help your teen? _____

COMMENTS: *(Please write anything else you want us to be aware of in this space)*

How were you referred to this center? _____

Have you previously sought counseling for your adolescent before? If "YES", Where and When?

THE FOLLOWING PAGES: "Adolescent Confidential Questionnaire"

ARE TO BE COMPLETED BY ADOLESCENT
