

*Counseling on The Alameda*  
Debbie Hanson, MA MFT #82441  
1885 The Alameda Suite 209 D  
San Jose, CA 95126  
(408) 982-6084

## New Questionnaire for a Minor

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Birthday and Age: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Emergency Contact Information: \_\_\_\_\_

Have you ever seen a counselor or therapist before? If yes, when and what did you work on?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any brothers or sisters? If yes, names and ages please.

\_\_\_\_\_

How do you get along with your sibling(s)?

\_\_\_\_\_

\_\_\_\_\_

What are some of your interests or hobbies?

\_\_\_\_\_

Are there any topics you would like to talk about in counseling? What might they be?

\_\_\_\_\_

\_\_\_\_\_

Is there anything you would like to learn or work on while in therapy, maybe something about yourself or some skill or tool to manage an emotion, friendships or anything else?

\_\_\_\_\_

\_\_\_\_\_

Please name one thing you are good at or enjoy about yourself.

---

Please name one thing that is hard for.

---

Do you have any questions about counseling?

---

Thank you for filling this out. I am so happy and honored that we will have a chance to work together and I hope that you find the work that we do here together really helps you in your life.

*Debbie*