YOUTH INTAKE FORM (12-17 years)

The therapy and counseling work we do is unique to you, just as it is to each one of our clients. Before we get started, we need to collect some general information from you.

Please note that the information is important for your child's care. Please fill out forms as completely as possible and have them ready before the first therapy session. Adolescent please fill out pages 1-3, parent/guardian (if available) please fill out pages 4-9

CLIENT INFORMATION

Name: ____ Date of Birth:___________________

Age: _______ Gender:_____________

Phone (Cell): _______________________Can we leave messages at this number?__________

School: ____Grade: ________________

CURRENT REASON FOR SEEKING THERAPY

Why are you coming to therapy?

How do you think therapy might help you?

PERSONAL STRENGTHS

What activities do you enjoy?

What qualities are you proud to share with others? (e.g. kindness, intelligence)

THERAPY/TREATMENT HISTORY

Have you previously seen a therapist? ❒ Yes ❒ No

If yes, what did you find most helpful in therapy?

If yes, what did you find least helpful in therapy?

FAMILY INFORMATION

Are your parents married, divorced or separated? ____________________________________

Do you think their relationship is good? ❒ Yes ❒ No ❒ Unsure

If your parents are divorced, whom do you primarily live with? __________________________

Were you adopted? ❒ Yes ❒ No

FAMILY CONCERNS

Please check any family concerns that your family is currently experiencing

❒ Fighting ❒ Disagreeing about relatives ❒ Feeling distant ❒ Disagreeing about friends

❒ Loss of fun ❒ Alcohol use ❒ Lack of honesty ❒ Drug use

❒ Physical fights ❒ Education problems ❒ Divorce/separation ❒ Financial problems

❒ Issues regarding remarriage ❒ Death of a family member ❒ Birth of a sibling

❒ Abuse/neglect ❒ Birth of a child ❒ Inadequate housing

Other concerns not listed above: ____

PEER RELATIONS

How do you consider yourself socially? ❒ Outgoing ❒ Shy ❒ Depends on the situation

Are you happy with the number of friends you have? ❒ Yes ❒ No

Have you ever been bullied? ❐ Yes ❐ No

If yes, please describe: ____

Are your parents happy with your friends? ❐ Yes ❐ No

Are you involved in any organized social activities? (e.g. sports, music)?

SCHOOL HISTORY

On a scale of 1-10 (10 being the most) how much do you enjoy school? ___________________

Do you attend regularly? ❐ Yes ❐ No   Generally, how are your grades? ___________________________________

Have there been any significant changes in your grades? ❐ Yes ❐ No

Do you feel you are doing the best you can at school? ❐ Yes ❐ No ❐ Unsure

INDIVIDUAL CONCERNS Is there anything else you would like to share?

INSURANCE INFORMATION

SSN:____________________________

PRIMARY INSURANCE ____________________ **Policy Holder** ____________________

Policy Holder D.O.B. (mm/dd/yyyy) ____________________ Relationship ____________________

Policy Holder Address ____

City ____________________ State ____________________ Zip Code ____________________

Policy Number ____________________ **Group Number** ____________________

SECONDARY INSURANCE ____________________ **Policy Holder** ____________________

Policy Holder D.O.B. (mm/dd/yyyy) ____________________ Relationship ____________________

Policy Holder Address ____

City ____________________ State ____________________ Zip Code ____________________

Policy Number ____________________ **Group Number** ____________________

INTAKE FORM PARENT SECTION

Parent(s) Name(s): ____

Parent(s) Phone number(s)____

Adolescent's Name: _________________________Adolescent's Date of Birth: ____________

Race/Ethnic Origin: __________________________

PRESENTING ISSUES

Briefly describe the presenting issue(s) for which you are seeking therapy for your adolescent.

What would you like to see happen as a result of therapy?

What is most concerning right now?

CHILD'S DEVELOPMENT

Were there any complications with the pregnancy or delivery of your child? ❒ Yes ❒ No

If yes, please describe:

Did your child have health problems at birth? ❒ Yes ❒ No

If yes, please describe:

Did your child display any developmentally unusual behaviors or problems prior to age 3? ❒ Yes ❒ No ❒ Unsure

If yes, please describe:

Has your child experienced emotional, physical, or sexual trauma? ❒ Yes ❒ No ❒ Unsure

If yes, please describe:

TREATMENT/MEDICAL HISTORY

Has your child previously seen a therapist ? ❒ Yes ❒ No

If yes, where: _____________________________ Approximate dates of counseling: ___________________________

For what reason(s) did your child attend therapy? _____________________________________

Has your child accessed psychiatric services? ❒ Yes ❒ No

If yes, where: ____

Has your child been treated at a higher level of care for mental health reasons? (e.g. inpatient, residential, partial, intensive outpatient program?)____

Does your child have a previous mental health diagnosis? ❒ Yes ❒ No ❒ Unsure

If yes, please specify: ____

What did you find most helpful about their treatment?

What did you find least helpful about their treatment?

Has your child taken medication for a mental health concern? ❒ Yes ❒ No

If yes, please indicate names, dosages, and dates:

Does your child have other medical concerns or previous hospitalizations? ❒ Yes ❒ No

If yes, please describe.

SUBSTANCE USE

Do you have any concerns with your son or daughter using alcohol or drugs? ❒ Yes ❒ No

If yes, please explain your concern:

INTERNET/ELECTRONIC COMMUNICATIONS USAGE

Do you have any concerns with your child using the internet or electronic communication such as Facebook, Snapchat, Twitter, texting, etc.? ❒ Yes ❒ No

If yes, please explain your concern:

LEGAL ISSUES

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

SCHOOL HISTORY

Do you have any current concerns relating to your child's education? ❒ Yes ❒ No

If yes, please explain your concern:

Does your child receive special education services through their school system? ❐ Yes ❐ No

If yes, check which services apply: ❐ IEP ❐ 504 Plan ❐ Speech ❐ OT ❐ PT

FAMILY HISTORY

Did either parent experience any abuse/trauma as a child in their home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

Did either parent experience any abuse/trauma in their adult life (physical, verbal, emotional, or sexual)? Please describe as much as you feel comfortable.

Please list all of the people in what you would describe as your immediate family:

Name	Relationship to Child	Type (Bio, Step, Adoptive)	Gender	Age	Living with Child? Y/N

PARENT'S MARITAL STATUS *(This question refers to the parents' relationship. Please answer the following as best as you can, we understand that you may not be able to answer some of the questions pertaining to the other parent, if applicable.)*

❐ Single ❐ Married (legally) ❐ Divorced ❐ Co-habitating ❐ Divorce in process ❐ Separated ❐ Widower ❐ Remarried (mother) ❐ Remarried (father) ❐ Other

Length of marriage/relationship:____

If divorced, how old was your child at time of divorce? ______________________________

Parent’s Name: ______________________Birth Date:_________ Age: ______ Ethnic Origin: ___________________________

Occupation: ______________________________Place of Employment: ________________ Military experience? ❒ Yes ❒ No

Current Status ❒ Single ❒ Married ❒ Divorced ❒ Separated ❒ Widowed ❒ Other

Assessment of current relationship if applicable: Poor_____ Fair_______ Good_________

Parent’s Name: ______________________Birth Date:_________ Age: _____ Ethnic Origin: ___________________________

Occupation: ______________________________Place of Employment: ________________ Military experience? ❒ Yes ❒ No

Current Status ❒ Single ❒ Married ❒ Divorced ❒ Separated ❒ Widowed ❒ Other

Assessment of current relationship if applicable: Poor_____ Fair_______ Good____________

Please note any custody concerns/arrangements if applicable:

FAMILY MENTAL HEALTH HISTORY

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member’s relationship to your child (e.g. father, maternal grandmother, uncle, etc.)

❒ Alcohol/substance abuse ❒ Anxiety ❒ Depression ❒ Domestic Violence

❒ Eating disorders ❒ Obsessive compulsive behavior ❒ Major mental illness

❒ Suicide attempts ❒ Psychiatric hospitalizations ❒ Other ___________________________________

List family member(s): ____

FAMILY CONCERNS *(Please check any family concerns that your family is currently experiencing)*

❒ Fighting ❒ Disagreeing about relatives ❒ Feeling distant ❒ Disagreeing about friends

❒ Loss of fun ❒ Alcohol use ❒ Lack of honesty ❒ Drug use

❒ Physical fights ❒ Education problems ❒ Divorce/separation ❒ Financial problems

❒ Birth of a sibling ❒ Issues regarding remarriage ❒ Death of a family member

❒ Abuse/neglect ❒ Birth of a child ❒ Inadequate housing

Other concerns not listed above:

YOUR ADOLESCENT'S STRENGTHS

What activities do you feel your child enjoys?

What positive personal qualities does your child have?

Who are some of the influential and supportive people, activities or beliefs in your child's life? Please describe:

Is there anything else you would like to share?

***Special Confidentiality Notice for Parents**

We strongly believe that for therapy to be helpful to an adolescent, there needs to be as much confidentiality for them as possible in the therapy process. That is, unless the issue falls into the following categories… --your child is clearly unsafe or at risk of harming themselves --your child is at risk of being harmed by anyone else --your child is at risk of harming someone else --we are required by a court to disclose treatment records …in which case we would follow the clinically and legally appropriate reporting requirements. Outside of this, we will encourage your child to express themselves freely, and assure them that there will be confidentiality provided to them in this process. We need your child to be open and honest with us in order to understand and treat the full range of issues your child is facing, and they may be too scared, angry, or ashamed right now to share those issues with you. We also recognize it is very important for you to know what your child is going through in order to do your job as a parent, which is why we will always encourage your child to be honest with you. We will encourage, prepare and support your child so that they feel safe enough to share those issues with you, and we are happy to facilitate family meetings whenever helpful and appropriate.