



Abundant Life
COUNSELING SERVICES, P.A.

ADOLESCENT INTAKE FORM FOR PARENTS

Thank you for choosing Abundant Life Counseling Services, P.A. To better assist us in helping your teen, please fill out this form as fully and openly as possible. All information is held in strictest confidence within legal limits. If certain questions do not apply to the teen, please leave them blank.
Information supplied by: _____ Relationship to cf qrguegv: _____

IDENTIFYING INFORMATION

Adolescent's Full Name _____ Nick Name _____

Date of Birth _____ Present Age _____ Male _____ Female _____

School Attending _____

Name of Parents/Guardians _____

With whom does the teen live? _____

Primary Guardian(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

May we call you at your home? Yes _____ No _____

May we call you at your office? Yes _____ No _____

May we call you on your cell phone? Yes _____ No _____

May we leave a message at home? _____ Office? _____ Cell? _____

Your email address _____

Email of Adolescent (if teen is authorized for direct communication with counselor)

Does the adolescent attend church regularly? Yes _____ No _____

Name and denomination of church _____

PERSONAL CONCERNS

Please describe the concerns you have about your adolescent and the reasons you are seeking help.

When were these difficulties first noticed? Please explain as fully as you can. _____

List the adolescent's behaviors that you would like to see changed < _____

List his/her three greatest strengths <

1) _____

2) _____

3) _____

List his/her three greatest weaknesses or areas of improvement <

1) _____

2) _____

3) _____

Briefly describe his/her ways of expressing the following:

Anger _____

Happiness _____

Sadness _____

Anxiety _____

BEHAVIORS OF CONCERN

Please check how often the following behaviors occur:

- | | | | | | | | | |
|-----------------------------------|-------|-------|--------|-------|-----------|-------|------------|-------|
| 1. Loses temper easily | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 2. Argues with adults | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 3. Refuses adults) requests | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 4. Deliberately annoys people | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 5. Blames others for own mistakes | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 6. Easily annoyed by others | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 7. Angry (recently) | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 8. Spiteful/Vindictive | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 9. Defiant | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 10. Bullies/Teases Others | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |

11. Initiates fights	Never	Rarely	Sometimes	Frequently
12. Uses a weapon	Never	Rarely	Sometimes	Frequently
13. Physically cruel to people	Never	Rarely	Sometimes	Frequently
14. Physically cruel to animals	Never	Rarely	Sometimes	Frequently
15. Stealing	Never	Rarely	Sometimes	Frequently
16. Forced sexual activity	Never	Rarely	Sometimes	Frequently
17. Intentional arson	Never	Rarely	Sometimes	Frequently
18. Burglary	Never	Rarely	Sometimes	Frequently
19. "Cons" other people	Never	Rarely	Sometimes	Frequently
20. Runs away from home	Never	Rarely	Sometimes	Frequently
21. Truant at school	Never	Rarely	Sometimes	Frequently
22. Doesn't pay attention to details	Never	Rarely	Sometimes	Frequently
23. Several careless mistakes	Never	Rarely	Sometimes	Frequently
24. Does not listen when spoken to	Never	Rarely	Sometimes	Frequently
25. Doesn't finish chores/homework	Never	Rarely	Sometimes	Frequently
26. Difficulty organizing tasks	Never	Rarely	Sometimes	Frequently
27. Loses things	Never	Rarely	Sometimes	Frequently
28. Easily distracted	Never	Rarely	Sometimes	Frequently
29. Forgetful in daily activities	Never	Rarely	Sometimes	Frequently
30. Fidgety/squirmy	Never	Rarely	Sometimes	Frequently
31. Difficulty remaining seated	Never	Rarely	Sometimes	Frequently
32. Runs/climbs around excessively	Never	Rarely	Sometimes	Frequently
33. Sexually active	Never	Rarely	Sometimes	Frequently
34. Hyperactive	Never	Rarely	Sometimes	Frequently
35. Difficulty awaiting turn	Never	Rarely	Sometimes	Frequently
36. Interrupts others	Never	Rarely	Sometimes	Frequently
37. Problems pronouncing words	Never	Rarely	Sometimes	Frequently
38. Poor grades in school	Never	Rarely	Sometimes	Frequently
39. Expelled from school	Never	Rarely	Sometimes	Frequently
40. Drug use	Never	Rarely	Sometimes	Frequently
41. Alcohol consumption	Never	Rarely	Sometimes	Frequently
42. Depression	Never	Rarely	Sometimes	Frequently
43. Shy/avoidant/withdrawn	Never	Rarely	Sometimes	Frequently
44. Suicidal threats	Never	Rarely	Sometimes	Frequently
45. Suicidal attempts	Never	Rarely	Sometimes	Frequently
46. Fatigued	Never	Rarely	Sometimes	Frequently
47. Anxious/nervous	Never	Rarely	Sometimes	Frequently
48. Excessive worry	Never	Rarely	Sometimes	Frequently
49. Sleep disturbance	Never	Rarely	Sometimes	Frequently
50. Panic attacks	Never	Rarely	Sometimes	Frequently
51. Mood Shifts	Never	Rarely	Sometimes	Frequently

Please list all family members currently living at home or closely connected with the family. Indicate their ages, relationship to this minor and their school grade or occupation.

Name	Age	Relationship	Grade/Occupation

Does this adolescent have any siblings not presently living with them? Please explain. _____

How does this adolescent get along with his/her brothers or sisters? _____

SOCIAL DEVELOPMENT AND PEER RELATIONSHIPS

What special interests, hobbies, sports, and games does the adolescent enjoy, both in and after school?

When he/she chooses friends, are they:

- _____ Older
- _____ Younger
- _____ Own age
- _____ Boys
- _____ Girls
- _____ Both boys & girls

In activities, is the adolescent a leader, follower, or loner? _____

Does the adolescent prefer the company of adults to other teens? Yes _____ No _____

Does the adolescent have at least one best friend? Yes _____ No _____

What is the friends age? _____

Does the adolescent currently date? Yes _____ No _____

Does the adolescent currently have a boyfriend or girlfriend? Yes _____ No _____

EMOTIONAL DEVELOPMENT

Please check any and all that family members, teachers or others have used to characterize your adolescent:

- _____ Restless/Inattentive
- _____ Humorous/Fun
- _____ Cheerful
- _____ Daydreamer
- _____ Immature
- _____ Aggressive

_____ Forgetful
_____ Quick to Anger
_____ Depressed/Sad

_____ Disruptive
_____ Happy
_____ Nervous/Tense

SCHOOL HISTORY

Briefly describe how he/she is doing in school. Please note areas of strength and weakness in school.

What grades does the adolescent usually receive? _____

Have these grades changed recently? Yes _____ No _____ If yes, how? _____

Please explain the circumstances if this adolescent has:

1. Had extended or frequent absences _____
2. Had to repeat a grade _____
3. Changed schools mid-year _____
4. ~~Act~~ Active the school year at a new school _____

Has he/she had any remedial help or special education services in school or privately? Yes ____ No ____

If yes, please describe and give approximate ages. _____

How does the adolescent get along with the teacher and other students in school? _____

HEALTH INFORMATION

Please describe the adolescent's general health. _____

Does he/she currently have any serious illnesses, injuries or handicaps? _____

Please list all important past illnesses, accidents, injuries or handicaps: _____

Please give reasons and approximate dates for any hospitalizations: _____

Are there any conditions that require regular medical care? _____

Does he/she have any difficulties with vision or hearing? (Please note date and results of any previous vision or hearing exams) _____

Does he/she have any allergies? Yes _____ No _____ If yes, please identify. _____

How many hours does he/she sleep each night? _____

Does he/she experience food cravings? Yes _____ No _____

If so, for what items? _____

Recent (3 months) weight change: Lost _____ lbs. Gained _____ lbs.

How would you rate his/her diet:

Very Healthy _____ Healthy _____ Average _____ Needs Improvement _____ Poor _____

Is he/she currently on medications? Yes _____ No _____

If so, please complete the following:

Medication	Dosage	Frequency	Purpose	Physician

Pediatrician/Primary care physician _____

Physician's phone number _____

Date of last physical exam _____ Date of last routine checkup _____

Is he/she currently using any drugs or alcohol for recreational purposes? Yes _____ No _____

Unsure _____. If so, please list the drug(s) and alcohol:

Substance	Amount	Frequency

Has he/she ever been arrested? Yes _____ No _____

If yes, please briefly explain: _____

Has he/she ever been the victim of a crime? Yes _____ No _____ If so, please explain: _____

Adolescent girls:

Is she pregnant? Yes _____ No _____

Does she have a regular menstrual cycle? Yes _____ No _____ Not of age _____

Has she ever terminated a pregnancy? Yes _____ No _____

Has she ever miscarried? Yes _____ No _____

Please give any additional information that you believe would be helpful.

EMERGENCY CONTACT

Whom should we contact in case of emergency?

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____