ADOLESCENT INTAKE FORM – PARENT VERSION

Please fill out this form about your child/teen as completely as possible. The information will help me in our work together and it will make our first session together much more productive. If you do not desire to answer any question, write, "Prefer not to answer."

CLIENT NAME: _____ DATE: _____

Name of person filling out this form: _____

Relationship to Client: _____

GENDER: Male ___ Female ___ Transgendered ___ Transsexual ___ Intersex ___ Other ___

DATE OF BIRTH and PLACE OF BIRTH: _____ AGE: ____

ADDRESS: _____

TELEPHONE: H: _____ Cell: _____ Work/Off: _____

E-MAIL: _____

NUMBER WHERE I CAN LEAVE CONFIDENTIAL VOICEMAIL: _____

ADOLESCENT PHONE (if different): _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

WHO REFERRED YOU?
___ Google
___ Psychology Today
___ Theravive
___ Other web search
___ Referred by an individual: Please provide their name: _____
___ Other: Please list: _____

HOBBIES:
_____

WHY ARE YOU AND YOUR CHILD SEEKING HELP? (Be as specific as you can: when did the concern start? How does it affect you/your child?):
_____
_____
_____
_____
_____
_____

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Estimate the severity of above problem: Mild ____ Moderate ____ Severe ___ Very severe ____

What gives your child the most joy or pleasure in life?

_____
_____

What are your child's main worries and fears?

_____
_____

What are his/her most important hopes or dreams?

_____
_____

Has your child ever had an experience that you consider traumatic? When did this happen and does the experience still bother him/her now? What was the traumatic event?

_____
_____

Was your child adopted? At what age?

_____

FAMILY/SOCIAL

Please list everyone who lives in the house with your child, including pets (what is their relationship to your child?):

_____
_____
_____
_____

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat your child, brief statement about the relationship):

Father:_____
_____
_____-
_____

Mother: _____
_____

Stepparents:_____
_____
_____

SIBLINGS (name/age, if deceased: age and cause of death and brief statement about the relationship):

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_____
_____
_____

PEERS. How does your child get along with peers? Does he/she have many friends? Please describe his/her peer relationships:

_____
_____

COMMUNITY & SPIRITUALITY:

_____
_____
_____

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

_____
_____
_____

DESCRIBE YOUR CHILD'S YOUTH UP UNTIL NOW, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

_____
_____
_____

ABUSE/NEGLECT. To your knowledge, has your child ever been the victim of abuse (sexual, physical, verbal, emotional) or neglect? Please specify type, perpetrator, date/s:

_____
_____

SCHOOL: Do you enjoy school? What are your favorite and least favorite subjects? Why?

_____
_____

MEDICAL AND TREATMENT HISTORY

HEALTHCARE PROVIDERS. Please list name and phone number of medical doctors, therapists or other providers whose care your child is currently under:

_____
_____
_____
_____

PHYSICAL. When was your son or daughter's last physical exam? Please give date, physician/facility and describe any findings:

_____
_____
_____

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Has your child ever been diagnosed with hyper/hypothyroidism, high blood pressure, vitamin D deficiency or low testosterone? If yes, please describe diagnosis and date:

_____
_____

Are you aware of any complications with mother or child during pregnancy or childbirth with the client? Please describe:

_____
_____

Did your child suffer anoxia (lack or shortage of oxygen) at any time during birth or soon after?

_____

Did your son/daughter reach all of his/her developmental milestones on time?

_____

Does your child currently have any medical conditions/injuries/disabilities? Please list and describe how they affect him/her:

_____
_____
_____

LIST ANY MEDICATION (prescriptions, supplements or over the counter medications) your son/daughter is currently taking, the dosage and reason for the medication:

_____
_____
_____

PAST/PRESENT PSYCHOTHERAPY (specify: month, year(s) (beginning—end), estimated number of sessions, name, degree, initial reason for therapy, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1.

_____
_____
_____
_____

2.

_____
_____
_____
_____

3*. USE OTHER SIDE OF PAGE TO ADD MORE INFORMATION ABOUT PSYCHOTHERAPISTS, IF NEEDED.*

Has your child ever been diagnosed with a mental health disorder, behavioral problem or learning disability? Please specify:

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_____
_____

Has your son/daughter ever attempted suicide? If so, please describe the circumstances, including ages, reasons, how, etc.:

_____
_____
_____

Has your child ever been treated for drug/alcohol abuse or addiction (AA, NA, treatments)? If so, please list:

_____
_____

LIFESTYLE

EXERCISE. Please describe your child's activity level, forms of exercise and number of times per week:

_____
_____

DIET: Describe your child's diet and whether you consider it to be healthy for him/her:

_____
_____

ALCOHOL: Number of drinks per day: _____ Per week: _____

Caffeine: Types of caffeinated drinks: _____ Number per day: _____

Marijuana: Amount, frequency, method of use: _____

Other recreational substances: _____

SEX LIFE. Is your child sexually active? _____

Method of contraception/prevention of STDs: _____

Sexual Identity: Heterosexual ___ Homosexual ___ Bisexual ___ Other ____

ESTIMATE HOW MANY HOURS/DAY YOUR SON/DAUGHTER SPENDS ONLINE (Facebook, YouTube, internet gaming, texting, browsing, etc.):

Facebook/Instagram: ___ YouTube: ___ Gaming: ___ Texting: ___ Browsing: ___

Work/School: ___ Other: ___

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DO YOU FEEL YOUR CHILD'S TECHNOLOGY USE IS BALANCED AND HEALTHY OR COULD IT USE IMPROVEMENT? Please explain:

_____
_____

ARE YOU OR YOUR CHILD INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

_____
_____
_____

Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.

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