

Fountain Gate Counseling Center

Adolescent Intake Form

To be completed by adolescent ages 13 and up. This information will help your counselor understand you and your concerns better. As with all communications with your therapist, it will be kept confidential to the full extent of Georgia law.

Today's Date: _____

Identifying/Contact Information

Your Name: _____ Date of Birth: _____ Sex (M/F): _____

What do people call you at home? _____ At school? _____

Your Address: _____

_____ Cell phone: _____

You live with: Both biological parents _____ Mother _____ Father _____

Mother and stepfather _____ Father and stepmother _____

Other (please specify): _____

If parents are divorced, describe custody arrangements: _____

Information about your mother

Mother's Name: _____ Date of Birth _____

Address: Same _____ If different: _____

Home Phone _____ Cell: _____

Occupation: _____ Employer: _____

Work address: _____

Work phone _____ Can mother be contacted at work? Yes ___ No ___

Information about your father

Father's Name: _____ Date of Birth _____

Address: Same _____ If different: _____

Home Phone _____ Cell: _____

Occupation: _____ Employer: _____

Work address: _____

Work phone _____ Can father be contacted at work? Yes ___ No ___

Other Family Members

Please list your siblings, including any step-siblings, and how you get along with them. Specify if your sibling is living with you now.

<u>Sibling Name</u>	<u>Age</u>	<u>How you get along</u>

List other family members that live in household, their relationship to you and how you get along: _____

Describe what you like to do for fun at home _____

Do you drive? _____ Are you working? _____ How many hours/week? _____

Academic/School Information

Name of school you attend _____

Grade _____ Teacher _____ County _____

Have you ever repeated a grade? _____ Which one? _____

What kind of grades do you get? _____

Do you have any learning difficulties? If so, please specify _____

What do you like best about school? _____

What do you like least about school? _____

Describe your personality at school (example: shy, outgoing, popular, hard to make friends, quiet, etc) _____

What kinds of extracurricular activities do you participate in? _____

Counseling Concerns

Describe briefly the problem which prompted you to seek counseling at this time: _____

When did the problem appear? _____

Have there been times when the problem got better or disappeared? _____

What do you think helped? _____

Were there times when the problem has been especially bad? _____

Are there other people who play a major role in causing this problem, or in helping you cope with the problem? _____

Is there anything else you would like your counselor to know at this time? _____

Scale of Current Concerns

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate every item. You may add written comments if you wish.

0	1	2	3	4	5	6	7	8	9	10
No concern			Moderate concern				Extreme concern			

- | | |
|--|------------------------------------|
| _____ Anger/temper | _____ Thoughts of suicide |
| _____ Depression | _____ Unhappy most of the time |
| _____ Divorce/separation of parents | _____ Use of alcohol |
| _____ Adjustment to parent's remarriage | _____ Use of drugs |
| _____ School performance | _____ Work |
| _____ Family problems | _____ Worry |
| _____ Fearfulness | _____ Self-esteem |
| _____ Physical problems | _____ Poor appetite |
| _____ Problems with social relationships | _____ Overeating |
| _____ Problems sleeping | _____ Cruelty to animals |
| _____ Nightmares | _____ Fire setting |
| _____ Sexual concerns | _____ Religious/spiritual concerns |

Other problems: _____

Have you had any previous counseling? If yes, where and by whom? _____

SENTENCE COMPLETION

Adolescent Version

1. I would like
2. If I were older
3. Girls
4. My friends think
5. What makes me mad is
6. My father
7. I miss
8. I am scared
9. I often think of myself as
10. My only trouble
11. Jesus is
12. I dream of
13. Being younger would
14. I hate
15. If I don't get what I want at home
16. What worries me is
17. When I grow up
18. Nothing bothers me more than
19. Other people think I'm
20. I feel unhappy sometimes because
21. Prayer is

22. Boys
23. There are times when I
24. Being my age is
25. I don't think I can
26. It's tough when
27. At home
28. Teachers are
29. If only I were not so
30. If I am left behind
31. God to me is
32. Sometimes I think about
33. If I were smarter
34. Sometimes I feel like
35. It is more important to
36. I wonder if I should
37. My mother
38. If my parents had only
39. I would be happier if
40. I'm glad I'm
41. I wish I were
42. If I could choose my family
43. It would be funny if