



## Adolescent Intake Form

Please provide the following information and the questions below.

Please note: information you provide here is protected as confidential information.

Information Supplied By: \_\_\_\_\_

Relationship: \_\_\_\_\_

### PERSONAL HISTORY

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Race: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Religious Affiliation (if any): \_\_\_\_\_

Referred by (if any): \_\_\_\_\_

### COUNSELING HISTORY

Has the child been involved in previous counseling? Yes \_\_\_\_ No \_\_\_\_

If Yes, for how long: \_\_\_\_\_

Please describe reason for counseling:

---

---

---

Is child currently seeing a psychiatrist? Yes \_\_\_\_ No \_\_\_\_

If Yes, name of psychiatrist \_\_\_\_\_

Has your child been hospitalized in the past for a psychiatric condition? Yes \_\_\_\_ No \_\_\_\_

**Shirika Beville**, Licensed Clinical Social Worker

[P] 601.488.2220 [F] 601.510.9324 [E] sbeville@mytherapyunlimited.com

405 Fontaine Place, Suite 101, Ridgeland, MS 39157

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

Why is the child coming to counseling? \_\_\_\_\_

\_\_\_\_\_

How long has this problem persisted? \_\_\_\_\_

Under what circumstances do the problems usually get worse? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under what conditions are the problems improved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY:

Pediatrician's Name: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Please explain any significant medical problems, symptoms, or illnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any current medications: \_\_\_\_\_

\_\_\_\_\_

Does your child have any trouble falling asleep at night? Yes \_\_\_\_ No \_\_\_\_

If Yes, how long has this been a problem? \_\_\_\_\_

Describe the child's appetite (during the past week):

Poor appetite \_\_\_\_ Average appetite \_\_\_\_ Large Appetite \_\_\_\_

### **FAMILY HISTORY:**

Mother's age \_\_\_\_\_

Father's age \_\_\_\_\_

Are parents still married? \_\_\_\_\_ If they divorced, widowed or deceased, how old

Was child when they separated, divorced and or died? \_\_\_\_\_

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

Number of sisters? \_\_\_\_\_ Their ages? \_\_\_\_\_

Number of brothers? \_\_\_\_\_ Their ages? \_\_\_\_\_

Is the child adopted or raised with parents other than biological parents? Yes \_\_\_\_ No \_\_\_\_

Briefly describe relationship with bothers and/or sisters: \_\_\_\_\_

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

### **RELATIONSHIPS & SOCIAL SUPPORT & SELF-CARE:**

Describe any problems your child is having: \_\_\_\_\_

\_\_\_\_\_

List the names and ages of those living in your household: \_\_\_\_\_

\_\_\_\_\_

History of abuse, neglect and/or trauma: \_\_\_\_\_

\_\_\_\_\_

Any family history of mental illness: Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

Is there any history of alcohol or drug abuse? Yes \_\_\_\_ No \_\_\_\_

If yes, describe \_\_\_\_\_

Briefly describe the style of parenting used in the household: \_\_\_\_\_

\_\_\_\_\_

## DEVELOPMENTAL AND EDUCATIONAL HISTORY:

Briefly describe any problems in the child's mother pregnancy and/or childbirth: \_\_\_\_\_

\_\_\_\_\_

Any developmental concerns: \_\_\_\_\_

\_\_\_\_\_

List child's main difficulties in school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List child's main difficulties at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current School: \_\_\_\_\_

Special Education Yes \_\_\_\_\_ No \_\_\_\_\_

Gifted: Yes \_\_\_\_\_ No \_\_\_\_\_

Has child ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_

Has child been suspended/expelled? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, why: \_\_\_\_\_

How does child get along with peers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does child use or have a problem with drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

PLEASE CHECK ALL THAT APPLY & **CIRCLE** THE MAIN PROBLEM:

DIFFICULTY WITH:	NOW	PAST	DIFFICULTY WITH:	NOW	PAST	DIFFICULTY WITH:	NOW	PAST
Loses temper easily			Doesn't finish homework			Fidgety		
Argues with adults			Difficulty organizing tasks			Forgetful		
Refuses adults requests			Loses things			Hyperactive		
Blames others for mistakes			Easily distracted			Interrupts others		
Easily annoyed			Suicide attempts/threats			Poor grades in school		
Angry/Resentful			Suspended from school			Depression		
Spiteful/vindictive			Shy/withdrawn			Fatigued		

Defiant			Anxious/nervous			Excessive worrying		
Bullies/teases others			Sleep disturbance			Panic attacks		
Initiates fights			Mood shifts			Uses a weapon		
Truant in school			Inattentive to details			Doesn't finish chores		
Physically cruel to people			Destructive			Stealing		
Physically cruel to animals			Forces sexual activity			Intentional arson		

Has your child had legal problems (currently or in the past)? Yes \_\_\_\_ No \_\_\_\_

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

List the child's behaviors that you would like to see change. \_\_\_\_\_

\_\_\_\_\_

What are your goals for your child's therapy? \_\_\_\_\_

\_\_\_\_\_