

# Counseling Intake Form: Adolescent

Note: This information is confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Current Concerns:

Reason for seeking Counseling: \_\_\_\_\_

When did this begin? Give dates: \_\_\_\_\_

What do you hope to accomplish in counseling? \_\_\_\_\_

What significant life change or stressful events have you experienced recently?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## Education:

Current Grade: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Do you like school? yes/no \_\_\_\_\_ Why or why not: \_\_\_\_\_

Strengths in school: \_\_\_\_\_

Weaknesses in school: \_\_\_\_\_

Describe extracurricular activities in:

Grade School: \_\_\_\_\_

Middle School: \_\_\_\_\_

High School: \_\_\_\_\_

Do you have any problems in school? yes/no Please Explain: \_\_\_\_\_

\_\_\_\_\_

Describe your after-graduation plans: \_\_\_\_\_

\_\_\_\_\_

## Relationship With Parents:

Describe your relationship with your parents:

\_\_\_\_\_

On a scale of 1-10, how well would you rate your relationship? \_\_\_\_\_

Describe how you feel about your parents:

\_\_\_\_\_

Describe how you handle problems with your parents:

\_\_\_\_\_

What forms of discipline do your parents use?

\_\_\_\_\_

To what extent can you rely on your parents for support (emotional and/or financial)?

\_\_\_\_\_

Is there anything you wish your parents knew or understood about you but they don't?

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**Circle any of the following that apply to you or a family member:**

Happy Childhood	School Problems	Family Problems	Unhappy Childhood	Emotional Problems
Medical Problems	Behavior Problems	Alcohol Problem	Gambling Problem	Legal Problems
Drug Problem	Self-Harm	Suicidal Thoughts	Other: _____	

**Socialization:**

Did you make friends easily as a child? yes/no

Do you make friends easily now? yes/no

Do you keep them? yes/no

Are you satisfied with the amount of friends you have? yes/no

Do you want: more/less/same

To what extent can you rely on your friends for help (emotional and/or financial)?

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Have you ever been bullied or teased? yes/no

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

Do you date much? yes/no

Are you currently in a romantic relationship? yes/no If yes, for how long? \_\_\_\_\_

On a scale of 1-10, how well would you rate your relationship? \_\_\_\_\_

**Alcohol/Drug Use:**

Have you used alcohol? yes/no

If yes, how often do you have a drink containing alcohol? daily/weekly/monthly/rarely

How many drinks do you usually have when you are drinking? \_\_\_\_\_

Do you smoke cigarettes or vape? yes/no If yes, how times in a day? \_\_\_\_\_

Have you ever used drugs other than for medical reasons? yes/no

If yes, what drugs have you used? \_\_\_\_\_

Have you ever used drugs prescribed for someone else? yes/no

If yes, what drugs have you used? \_\_\_\_\_

Any legal problems? yes/no

If yes, please explain:

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**Recreation/Leisure:**

What do you like to do for fun? \_\_\_\_\_

How often to you get to do fun stuff? daily/weekly/monthly/rarely

Who do you like to have fun with? \_\_\_\_\_

Is there anything else you would like me to know about you or your life?

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