

CONFIDENTIAL
ADOLESCENT INFORMATION AND APPRAISAL FORM

General Information

Name _____ Birth Date _____ Age _____

Home Address _____

Home Phone _____ SSN _____ Grade _____

School _____ Teacher _____

School Counselor _____ School Phone _____ Grades Repeated _____

Adopted Child? _____ Yes _____ No _____ At what age? _____

Mother's Name _____ Father's Name _____

With whom are you living? _____

Marital status of your parents (check all that apply):

_____ Married _____ Living Together _____ Mother remarried

_____ Not Married _____ Separated _____ Father remarried

_____ One parent deceased _____ Divorced _____ Other _____

If your parents are divorced, please tell how old you were when the divorce occurred and how it affected you? _____

If you are not living with your natural parents, how often do you see them or hear from them?

_____ Every week _____ 1-2 times monthly _____ 2-3 times yearly

_____ Holidays only _____ hardly ever _____ Never

Describe your relationship with your parents:

_____ Great _____ Fight all the time _____ Could be better

_____ Bad _____ Really Bad _____ Okay

If parents are divorced, describe your relationship with the absentee parent:

_____ Great _____ Fight all the time _____ Could be better

_____ Bad _____ Really Bad _____ Okay

Please list all your brothers and sisters, living and deceased:

1) Name _____ Age _____ Sex _____ Grade _____

2) Name _____ Age _____ Sex _____ Grade _____

3) Name _____ Age _____ Sex _____ Grade _____

4) Name _____ Age _____ Sex _____ Grade _____

Problem Information

Why did you come to counseling? _____

How do you feel about being here? _____

Please identify any specific anxieties you have about counseling: _____

What are your goals for this counseling (be as specific as you can): _____

What do you want to see changed as a result of your coming to counseling? _____

Have you been to counseling before? Yes _____ No _____ When? _____

Why did you go? _____

Was counseling helpful? _____

Who other than your mother was involved in caring for you during infancy to five years? _____

What serious illnesses have you had and when _____

Hospitalizations (reasons/diagnoses/dates) _____

Are you receiving medication _____ Yes _____ No
Current medication and their purpose _____

Dosage _____ Schedule _____ Prescribed by _____

Do any family members have any special medical problems or ailments?
Yes _____ No _____ Please explain: _____

Please identify any family history of:

- | | | |
|------------------------|------------------------|--------------------------|
| _____ Alcoholism | _____ Retardation | _____ Learning Problems |
| _____ Over activity | _____ Suicide | _____ Emotional Problems |
| _____ Bipolar Disorder | _____ Marital Problems | _____ Drug Abuse |
| _____ Suicide Attempts | _____ Depression | _____ Other* |

*Please describe other _____

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Have you in the past or are you currently:

_____ Using Drugs _____ Using Alcohol _____ Sexually Active
_____ Practicing Unsafe Sex _____ Involved with Pornography

Has your report cards or school conferences indicated any special difficulties?

_____ Class Work _____ Behavior _____ Attitude

Does anyone else in your family have similar problems?

(Please describe) _____

What things are you concerned about? (Please circle all that apply)

Friends	Family	School	Weight
Height	Appearance	Dating	Sex
Sleep Problems	Money	Legal Problems	Cleaning Home
Siblings	Eating too much	Eating too little	Shyness
Anger	Depression	Anxiety	Drugs
Alcohol	Communication	Job	Independence
Being Loved			

Circle any of the following character traits which definitely describe you:

Selfish	Impulsive	Awkward	Stubborn
Resentful	Quick tempered	Resents authority	Inadequate
Seclusive	Scatter Brained	Unmotivated	Sensitive
Quarrelsome	Violent	Spoiled	Vain
Don't care	Inconsiderate	Untidy	Considerate
Easily Led	Cruel	Adaptable	Obedient
Untruthful	Impertinent, sassy	Unruly	Moody
Won't mind	Affectionate	Clean	
Other:	_____		

Is the information you have provided on this form true and accurate? _____

Date: _____ Signature _____