

LAKEWOOD COUNSELING and Career Center

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lakewoodcounseling.com

ADOLESCENT INTAKE FORM

Name: _____ Cell Phone Number: _____

Please answer these questions as completely as possible. You can discuss any topic more fully when you meet with your counselor. It is your choice whether or not to answer any question. The purpose is to help your counselor understand you, your background, and your concerns.

Please describe the issue or concern that brings you to counseling, including specific symptoms or problems you most want to address:

Check any of the following statements that are true for you.

Leave statements blank that do not apply to you. Use space next to a statement to provide more information, if you wish.

- I've been told or I think that I have ADD.
- Others have expressed worry about my eating habits.
- I get angry a lot.
- I worry often.
- I think about hurting or killing myself.
- At times my life or future seem hopeless.
- I'm comfortable with my eating habits.
- My parents think I sleep too much.
- Thoughts seem to race in my head a lot.
- I have a hard time concentrating.
- My energy level is lower than I'd like.
- I get frustrated easily.
- My mood seems to go up and down quickly or severely.
- I avoid conflict.
- I feel stressed a lot.
- I feel successful at school.
- I cry quite a lot.
- I get angry and I don't know why.
- I feel stressed a lot.

- I feel guilty about things.
- I get sad for no reason.
- I'm scared at home or school.
- I get all of my homework done on time.
- I'm bored with school.
- I can't sleep through the night.
- I have good friends.
- I feel supported by my family.
- My parents don't like my friends.
- I'm happy with my success in school.
- I feel people in my family don't care about me.
- My parents and I get along.
- My siblings and I get along fine.
- My friends have said that they worry about me.
- My parents put too much pressure on me.
- I worry about someone in my family.
- There is a lot of conflict in my house.
- My parents are too controlling.
- I have trouble making or keeping friends.
- I like myself.
- I know what I am good at.
- I feel my strengths outweigh my weaknesses.
- I feel comfortable in my school.
- I am comfortable with my looks.
- My weight is an issue for me.
- I wish I could change certain things about me.
- I am sexually active.
- My parents or friends express worry about my sexual activity.
- I am often very jealous of others.
- I am clear about my sexual orientation.

- ___ I like being in committed relationships.
- ___ My culture is an issue for me.
- ___ I have experience with drugs and/or alcohol.
- ___ I currently use drugs and/or alcohol.
- ___ Others have expressed worry about my use.
- ___ I have been in trouble with the legal system before.
- ___ I am concerned about someone's use of drugs and/or alcohol.
- ___ Sometimes I think I overuse the internet, video games, etc...
- ___ My parents think that I am addicted to screens.

Are you currently having any problems at school, work or home? Please describe:

Chemical Health History

If you currently use drugs or alcohol, please answer the following questions:

Cigarettes/tobacco products _____

Drug(s) of choice _____

Amount? _____ Frequency? _____

Have there been any negative consequences as a result of your alcohol or drug use? For example, DUIs, arrests, relationship difficulties, etc.? _____

Previous treatment: **Y** **N** If yes, where and when? _____

(cont.)

4

My interests/activities: *name some things that you like to do in your free time.*

My personal strengths/challenges: *name some things that you consider to be your strengths, then name some things that are difficult for you.*

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Losses I have had (people, pets, things):

Some things that I would change about my family:

Is there anything more that you want to share?

Signature _____

Date _____