



TEEN INTAKE FORM

To be filled out privately by given and given to therapist directly

All of these answers are kept private from your parents

Feel free to answer or not answer any of the questions

Name _____ Birthdate _____

Age _____

Today's Date _____

Whose idea was it for you to come to counseling?

How do you feel about being in counseling?

What are the goals you or your parents have for counseling?

Who are your best friends? Why are they your best friends?

Do you have a boyfriend/girlfriend? How is the relationship working out?

Do you use alcohol or drugs? How often?

What 5 words would describe you?

How do you get along with your mom? What 5 words describe her?

How do you get along with your dad? What 5 words describe him?

How do you get along with your step-parents? Explain...

If you could change anything about yourself, what would it be? Why?

How are your grades?

What do your friends love about you?

What questions do you have for me?