Teen Information

Name:_____ Date of Birth:_____ Today's Date:_____

Education: Current Grade Level:_____ Current School:_____

How are your grades?_____ Any Problem Areas?_____

Do you work? Y N How many hours/week on average?_____Where do you work? _____

Referral Source: Who referred you here? _____

What problem(s) bring you here to seek therapy? _____

_____

What specific areas would you like to work on in therapy? _____

_____

MEDICAL INFORMATION

Do you have any current concerns about your physical health? Please specifiy:_____

_____

Previous therapy/counseling:_____

Are you taking any medications for anxiety, depression or nervous tension? _____

If so, what and how much? _____

FAMILY BACKGROUND

Father's name: _____ Age: _____ Occupation: _____

What is your relationship with your father like? _____

_____

Mother's name:_____ Age: _____ Occupation: _____

What is your relationship with your mother like? _____

_____

In your family life, list any critical events and your age when they occurred (e.g. deaths, divorce, hospitalization, abuse, a difficult move):_____

_____

List the names & ages of children in your family in order of birth, including yourself (your brothers & sisters):

_____

_____

_____

GENERAL INFORMATION

How often do you use the following? Check all that apply:

	Yearly	Monthly	Weekly	Daily
Alcohol				
Over-the –counter drugs				
Prescription Drugs				
Illegal Drugs				

If yes, what type and amount? _____

_____

List extracurricular (out-of-school) activities you are involved in: _____

_____

What are your biggest fears: _____

List five things you like about yourself:

1._____

2._____

3._____

4._____

5._____

List five things about yourself or your life you would like to change:

1._____

2._____

3._____

4._____

5._____

In answering the following questions, please refer to this scale:

1 – No Difficulty 2 – Mild Difficulty 3 – Moderate Difficulty 4 – Severe Difficulty 5 – Incapacitating Difficulty

People may experience difficulty functioning in various areas of daily life. On the scales below, please Indicate the level of difficulty you have functioning in the following areas:

A. RELATIONSHIP WITH PARENTS

1----------2----------3----------4----------5

B. RELATIONSHIP WITH SIBLINGS

1----------2----------3----------4----------5

C. RELATIONSHIP WITH PEERS / FRIENDS

1----------2----------3----------4----------5

D. DATING / ROMANTIC RELATIONSHIP (if applicable)

1----------2----------3----------4----------5

E. SCHOOL

1----------2----------3----------4----------5

F. SELF-CARE (diet, exercise, sleep, time to relax . . .)

1----------2----------3----------4----------5

G. RECREATION

1----------2----------3----------4----------5

On the scale below, please estimate the <u>overall</u> level of difficulty you have functioning in life:

1----------2----------3----------4----------5

What are your goals for counseling? _____

_____

Listed below are a number of common symptoms. Please check all that apply to you.

PHYSICAL EXPERIENCES

- ○ Headaches
- ○ Fainting spells
- ○ Dizziness
- ○ Fatigue / exhaustion
- ○ Seizures / convulsions
- ○ Constipation / diarrhea
- ○ Tingling
- ○ Numbness
- ○ Sudden weight changes
- ○ Oversleeping
- ○ Neck / shoulder pain
- ○ Rapid heart rate
- ○ Chest pain
- ○ Shallow, rapid or "tight" breathing
- ○ Back pain
- ○ Muscle tension
- ○ Muscle twitches / tremors
- ○ Blackouts
- ○ Visual problems
- ○ Hearing problems
- ○ Dry mouth
- ○ Insomnia
- ○ Stomach trouble
- ○ Burning or itchy skin
- ○ Excessive sweating

FEELINGS

- ○ Unusually happy
- ○ Agitation: feeling jumpy
- ○ Sudden changes in mood
- ○ Feeling bored with most activities
- ○ Periods of panic
- ○ Fear of losing control or going crazy
- ○ Feeling hopeless
- ○ Feeling guilty / ashamed
- ○ Feeling lonely / empty
- ○ Feeling worthless
- ○ Feeling helpless
- ○ Feeling down in the dumps
- ○ Nightmares
- ○ Anxious much of the time
- ○ Overreacting to things
- ○ Not feeling much of anything
- ○ Frustrated / angry much of the time
- ○ Suspicious feelings toward others
- ○ Wanting approval from others
- ○ Feeling irritable

BEHAVIORS

- Change in activity level
- Self-harming behaviors, like cutting
- Impulsive behavior
- Lying / stealing
- Use drugs / alcohol to feel better
- Overeating or undereating
- Often in a hurry
- Marked change in pattern of eating
- Focusing too much on some parts of life
- Neglecting things that need to be done
- Nervous behaviors (can't sit still, nail biting)
- Unable to sit still for a long time
- Doing dangerous activities
- Poor performance at school
- Dishonest behavior
- Behavior against your values
- Repeating certain acts
- Trying to do things perfectly
- Staying up too late at night
- Difficulty getting out of bed
- Avoiding or putting off things
- Angry outbursts or destructive
- Skipping school
- Loses things necessary to complete a task (books, pencils, homework)

THOUGHTS

- Feeling you need approval from others
- Tend to deny problems that others see
- Difficulty understanding new ideas
- Jumping from thought to thought
- Constantly comparing yourself to others
- Having unwanted thoughts again and again
- Seeing things that aren't there
- Thoughts about hurting yourself
- Hearing things that others don't
- Destructive fantasies or images
- Believing that people are out to hurt you
- Difficulty concentrating
- Mind goes blank
- Can't remember periods of your life
- Thoughts going too fast / too slow
- Difficulty making decisions
- Overly self-conscious
- Painful or unwanted memories
- Self-critical thoughts
- Tend to focus on the past
- Believing you cause things to happen
- Tend to see things in a negative way

RELATIONSHIPS

- Difficulty relating to school personnel
- Difficulty following rules
- Nag others or frequently criticize others
- Withdrawing from others/isolating yourself
- Letting others take advantage of you
- Difficulty expressing feelings
- Engaging in sexual behavior you don't like
- Difficulty building friendships or relating to friends
- Try too hard to please others
- Difficulty listening to others
- Act phoney: not being yourself
- Verbally attack or blame others
- Physically fight with others
- Sexual orientation issues
- Difficulty relating to family members
- Sexually active

Any other concerns or issues not asked about? _____

_____

_____

_____

_____

_____

_____