



## Adolescent Intake Form

Please fill out this biographical background form for your child as completely as possible. It will help me in our work together. Information is confidential as outlined in the Informed Consent Form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please bring it with you to the first session.

**DATE:** \_\_\_\_\_ **REFERRAL SOURCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle

**DATE OF BIRTH:** \_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** H: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_  
Please mark your preferred contact number

**EMAIL:** \_\_\_\_\_  
Please do not indicate an email address if you do not wish to be contacted by email

**PERSON & TELEPHONE NO. TO CONTACT IN EMERGENCY:**

Name: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

**PRESENTING PROBLEM** (be as specific as you can: when did it start, how does it affect you.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimate the severity of above problem:** Mild \_\_\_\_ Moderate \_\_\_\_ Severe \_\_\_\_ Very severe \_\_\_\_

**CURRENT GRADE:** \_\_\_\_\_ **CURRENT SCHOOL:** \_\_\_\_\_

**ACADEMIC PERFORMANCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**PARENTS MARITAL STATUS:** \_\_\_\_\_

**PERSONS LIVING AT HOME WITH YOU:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENTS/STEPPARENTS** (Name/age or year of death, occupation, personality, brief statement about the relationship with child):

**Father:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mother:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Step-parents:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS** (name/age, if deceased: age and cause of death & brief statement about the relationship.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**FAVORITE ACTIVITIES, SPORTS, EXTRACURRICULAR ACTIVITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PREGNANCY, BIRTH, EARLY DEVELOPMENT:**

Pregnancy (complications) \_\_\_\_\_

\_\_\_\_\_

Complications during birth? \_\_\_\_\_

\_\_\_\_\_

Milestones (on time/delayed)? \_\_\_\_\_

\_\_\_\_\_

Temperament, frustration management? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL DOCTOR (S)** (name/phone): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, falls, illness, etc.):

Current: \_\_\_\_\_

\_\_\_\_\_

Past: \_\_\_\_\_

\_\_\_\_\_

**CURRENT MEDICATION** (doses and reasons for taking them):

\_\_\_\_\_

\_\_\_\_\_

**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: e.g. cancer, epilepsy, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**FAMILY HISTORY OF PSYCHIATRIC ISSUES**

- Mood Disorder                       Anxiety                       Substance Abuse                       Psychotic Disorder
- Developmental Disorder                       Domestic Violence                       Physical Abuse                       Sexual Abuse
- Chaos/Instability                       Trauma                       Abandonment                       Other

**Please explain below:**

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**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (AA, NA, treatments):

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**SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc.)

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**FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:** (describe quality, frequency, activities, etc.)

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**PAST/PRESENT PSYCHOTHERAPY or HOSPITALIZATIONS** (specify: month year(s) (beginning—end), estimated no. of sessions, name, degree, reason for therapy, Individual/Couple/Family):

1. 

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2. 

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3. *USE OTHER SIDE OF PAGE TO ADD MORE INFORMATION ABOUT PSYCHOTHERAPISTS, IF NEEDED.*

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**ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S?** (if you answer Yes, please explain):

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*Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.*