

Resilient Families Counseling, LLC

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Adolescent Intake Form

To be completed by adolescent ages 13 to 17. This information will help your counselor understand you and your concerns better. As with all communications with your therapist, it will be kept confidential to the full extent of Georgia law.

Identifying/Contact Information

Your Name: _____ Date of Birth: _____ Sex (M/F): _____

Email Address: _____ Cell phone: _____

You live with: Both biological parents _____ Mother _____ Father _____

Mother and stepfather _____ Father and stepmother _____

Other (please specify): _____

If parents are divorced, describe custody arrangements: _____

Other Family Members

Please list your siblings, including any step-siblings, and how you get along with them. Specify if your sibling is living with you now.

<u>Sibling Name</u>	<u>Age</u>	<u>How you get along</u>
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Academic/School/ Social Information

Name of the school you attend _____ Grade _____

What kind of grades do you get? _____

Do you have any learning difficulties? If so, please specify _____

What do you like best about school? _____

What do you like least about school? _____

Describe your personality at school (example: shy, outgoing, popular, hard to make friends, quiet, etc) _____

Counseling Concerns

Describe briefly the problem which prompted you to seek counseling at this time: _____

Are there other people who play a major role in causing this problem, or in helping you cope with the problem? _____

Is there anything else you would like your counselor to know at this time? _____

Scale of Current Concerns

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate every item. You may add written comments if you wish.

0	1	2	3	4	5	6	7	8	9	10
No concern				Moderate concern			Extreme concern			

_____ Anger/temper

_____ Thoughts of suicide

_____ Depression

_____ Unhappy most of the time

_____ Divorce/separation of parents

_____ Use of alcohol

_____ Adjustment to parent's remarriage

_____ Use of drugs

_____ School performance

_____ Work

_____ Family problems

_____ Worry

_____ Fearfulness

_____ Self-esteem

_____ Physical problems

_____ Poor appetite

_____ Problems with social relationships

_____ Overeating

_____ Problems sleeping

_____ Cruelty to animals

_____ Nightmares

_____ Religious/Spiritual Concerns

_____ Sexual concerns

_____ Other _____

SENTENCE COMPLETION

Adolescent Version

1. I would like
2. If I were older
3. Girls
4. My friends think
5. What makes me mad is
6. My father
7. I miss
8. I am scared
9. I often think of myself as
10. My only trouble
11. Jesus is
12. I dream of
13. Being younger would
14. I hate
15. If I don't get what I want at home
16. What worries me is
17. When I grow up
18. Nothing bothers me more than
19. Other people think I'm
20. I feel unhappy sometimes because
21. Prayer is
22. Boys

23. There are times when I
24. Being my age is
25. I don't think I can
26. It's tough when
27. At home
28. Teachers are
29. If only I were not so
30. If I am left behind
31. God to me is
32. Sometimes I think about
33. If I were smarter
34. Sometimes I feel like
35. It is more important to
36. I wonder if I should
37. My mother
38. If my parents had only
39. I would be happier if
40. I'm glad I'm
41. I wish I were
42. If I could choose my family
43. It would be funny if