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TO BE COMPLETED BY ADOLESCENT (Ages 12 to 18)

(PLEASE COMPLETE ALL 4 PAGES)

First Name: _____ Last Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____ Grade Level: _____

Briefly describe your main concern: _____

_____

Current stressors: (*describe how the following areas are stressful)*

Parents: _____

Brothers/Sisters: _____

School: _____

Work: _____

Friends/Social: _____

Spiritual: _____

Sexual: _____

Other: _____

On the scale below, rate how strongly you want to change your present problem:

(*Do not want to change*) 1 2 3 4 5 6 7 8 9 10 (*Desperately desire to change*)

Identify any *specific* concerns or anxieties you have about counseling: _____

_____

What are your *specific* goals for counseling? _____

_____

Previous experience with counseling: ☐No ☐Yes When? _____ How long did you go? _____

How would you rate previous counseling? ☐Not helpful ☐Somewhat Helpful ☐Very Helpful

_____

Current symptoms (*Please check any that apply to you*):

☐ Headaches	☐ Nightmares	☐ Disobedient	☐ Stubborn	☐ Financial concerns
☐ Dizziness	☐ Racing thoughts	☐ Untruthful	☐ Hyperactive	☐ Sexual concerns
☐ Nervousness	☐ Can't make decisions	☐ Suicidal thoughts	☐ Untidy	☐ Bad home conditions
☐ Stomach trouble	☐ Problems concentrating	☐ Self-harm	☐ Excessive worrying	☐ Recurrent troubling thoughts
☐ No appetite	☐ Inferiority feelings	☐ Unmotivated	☐ Persistent fears	☐ Unable to have a good time
☐ Overeating	☐ Unable to relax	☐ Quarrelsome	☐ Awkward	☐ Difficulty making friends
☐ Bowel disturbance	☐ Feel Depressed	☐ Quick Tempered	☐ Seclusive	☐ Negative body image
☐ Recent weight gain	☐ Feel lonely	☐ Alcohol/Drug use	☐ Perfectionist	☐ Easily led
☐ Recent weight loss	☐ Shy with people	☐ Smoke/vape	☐ Sensitive	☐ Physical/sexual abuse
☐ Fatigue	☐ Being bullied	☐ Feel guilty	☐ Emotional	☐ Impulsive/act without thinking
☐ Difficulty sleeping	☐ Moody	☐ Violent	☐ Resentful	☐ Spoiled

FAMILY BACKGROUND

Father's name: _____ If deceased, date, and cause: _____

Age: _____ Occupation: _____ Education Level: _____ Health: _____

Describe his personality, attitude and relationship to you, past and present: _____

_____

Mother's name: _____ If deceased, date, and cause: _____

Age: _____ Occupation: _____ Education Level: _____ Health: _____

Describe her personality, attitude and relationship to you, past and present: _____

_____

Parent's marital status: _____ Briefly describe your parents' marriage: _____

_____

How do they handle conflict in their relationship? _____

If divorced, when did it occur and what was your reaction to it? _____

_____

If one or both parents remarried, give date(s) and your reaction: _____

_____

Stepfather's name: _____ If deceased, date, and cause: _____

Age: _____ Occupation: _____ Education Level: _____ Health: _____

Describe his personality, attitude and relationship to you, past and present: _____

_____

Stepmother's name: _____ If deceased, date, and cause: _____

Age: _____ Occupation: _____ Education Level: _____ Health: _____

Describe her personality, attitude, and relationship to you, past and present: _____

_____

If you were NOT raised by your parents, who raised you? _____

Between what ages? _____ Who took care of you as an infant? _____

How were you disciplined as an adolescent and by whom? _____

Please list all of your brothers/sisters, in the order of their birth.

Name	Age	Birthday	Gender	School	Grade Level	Lives at home?

Give your impression of your home atmosphere, including how compatible you and everyone else is: _____

_____

As you were growing up, how was love expressed in your home? _____

Has there been any discussion of or instruction about sexuality in the home? ☐ No ☐ Yes

What are your parents' attitudes about sex? _____

Have you or any of your siblings ever been physically and/or sexually abused, assaulted, or neglected? ☐ No ☐ Yes

RELIGIOUS ORIENTATION

Religious preference: _____

How strong are your family's religious beliefs/practices? ☐ Very strong ☐ Moderate ☐ Not strong ☐ Not applicable

How is God viewed by your family? _____

Describe any religious training you received while growing up: _____

_____

How would you describe your current spiritual life? _____

What is your current activity/involvement in church/faith community? _____

PHYSICAL HEALTH

Present health status: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

What serious illnesses have you had and when? _____

Hospitalizations/Surgeries: (*reason and age)*: _____

MEDICATION/SUPPLEMENTS (*Please list*) ☐ None

Medication/Supplement	Dose	Reason Prescribed

ALCOHOL/DRUG USE

Have you used or do you currently use alcohol or drugs? ☐ No ☐ Yes

If yes, please complete the following:

Substance (including alcohol)	Amount	Frequency	Age Started Using	Age Stopped Using

DIGITAL HEALTH

Which social media apps do you regularly use? _____

How long do you spend on social media sites and/or apps in a typical day? _____

On average, what time do you stop using electronic devices before going to sleep? _____

How does viewing social media affect your self-confidence and mood? _____

Do you think you use social media too much? ☐ No ☐ Yes

Have you personally experienced cyberbullying, sexting, or an online user asking you to have sexual relations with you? ☐ No ☐ Yes

PLEASE FEEL FREE TO PROVIDE ANY OTHER INFORMATION YOU WANT YOUR PSYCHOLOGIST TO KNOW:

CONFIDENTIALITY

As a general rule, the information you share with your psychologist in your sessions is confidential, unless your parent/guardian has given written permission to disclose certain information. However, there are some exceptions to this rule that are important for you to understand before sharing personal information.

- If you report a plan with intent to harm yourself or someone else, psychologist will inform your parent/guardian.
- If you report a plan to cause serious harm or death to someone else who can be identified, your parent/guardian will be informed as well as the person you intend to harm.
- If you are being physically, sexually or emotionally abused, or have been in the past, psychologist is required to make a report to the Kansas Department of Child and Family Services.
- If you are involved in a court case and a request is made for information about your therapy, you will be informed and written consent from your parent/guardian will be obtained before information is released.
- When meeting with your parent/guardian, psychologist may sometimes describe the problems being discussed in general terms in order to help them know how to be more helpful to you.
- In order to coordinate care, your parent/guardian may request evaluation results to be sent to your physician.

Your signature indicates you have read the above information, understand its contents, and consent to treatment.

_____ _____

Signature Date