

## Adolescent Intake Form Parent Questionnaire

Adolescent's Name:	Date of Birth:	Age:
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### Current Household and Family Information

Name	Relationship to adolescent (parent, sibling, etc)	Type (bio, step, half, etc.)	Age	Sex	Living with you? Y/N

Please use the back if necessary.

### Current Reason for Seeking Counseling for Your Adolescent

Briefly describe the problem that your adolescent is seeking therapy for.

What would you like to see happen as a result of therapy?

What is your most significant concern about your adolescent right now?

### Development History

Were there any complications with the pregnancy or delivery of your child? Y/N \_\_\_\_ If yes, please describe:

Did your child have health problems at birth? Y/N \_\_\_\_ If yes, please describe:

Did your child experience any developmental delays (e.g. toilet training, walking, talking)? Y/N \_\_\_\_  
If yes, please describe:

Did your child have any unusual behaviors or problems prior to age 3? Y/N \_\_\_\_ If yes, please describe:

Has your child experienced emotional, physical, or sexual abuse? Y/N \_\_\_\_ If yes, please describe:

Client name \_\_\_\_\_

Date \_\_\_\_\_

**Treatment History**

Does your child have any previous mental health diagnoses? Y/N \_\_\_\_ If yes, what? \_\_\_\_\_

**Previous mental health treatment**

Therapist or Facility Name	Therapist or Facility City	Level of Treatment (Inpatient, IOP, outpatient office etc.)	Reason for treatment	Approximate dates

What did you find most helpful in your child’s prior therapy?

What did you find least helpful in your child’s prior therapy?

Does your child currently see a psychiatrist or psychiatric APRN? Y/N \_\_\_\_

If yes, name: \_\_\_\_\_ City: \_\_\_\_\_ How long? \_\_\_\_\_

**Current or previous psychiatric medication**

Medication name	Dosage	Approximate dates taken	Was it helpful? (Y/N)

**Other significant past or present medical conditions**

Condition	Severity	Age and Duration

**Substance Use**

Do you have any concerns about your child using alcohol or drugs? Y/N \_\_\_\_

If yes, please explain your concern:

**Internet/Electronic Communication Usage**

Do you have any concerns about your child using the internet or electronic communication such as Facebook, Snapchat, Twitter, texting, etc.? Y/N \_\_\_\_

If yes, please explain your concern

Client name \_\_\_\_\_

Date \_\_\_\_\_

**Legal Issues**

Please list any legal issues currently affecting you or your family or which have had a significant effect upon you or your child in the past:

**Family History**

Are you aware of any trauma your son or daughter experienced from age 0-3?

When you were a child, did you experience any abuse (physical, verbal, emotional, or sexual) inside your home or outside your home? \_\_\_\_\_ If yes, please describe as much as you feel comfortable writing:

Have you experienced any abuse in your adult life (physical, verbal, emotional, or sexual)? \_\_\_\_ If so, please describe.

**Biological Parent's Relationship Status**

<input type="checkbox"/> single	<input type="checkbox"/> divorce in process	Length of marriage/relationship: _____
<input type="checkbox"/> cohabitating	<input type="checkbox"/> separated	If divorced, how old was your child at time of divorce? _____
<input type="checkbox"/> legally married	<input type="checkbox"/> widowed	If divorced, how much time does you child spend with each parent? Mother _____ % Father _____ %
<input type="checkbox"/> divorced	<input type="checkbox"/> other	

<p><b>Biological Father Name</b> _____</p> <p>Birth date _____ Age _____</p> <p>Ethnic origin _____</p> <p>Total years of education completed _____</p> <p>Occupation _____ Employer _____</p> <p>Military experience? Y/N ____</p> <p>Combat experience? Y?N ____</p> <p>Current status:</p> <table border="1"> <tr> <td><input type="checkbox"/> single</td> <td><input type="checkbox"/> divorce in process</td> </tr> <tr> <td><input type="checkbox"/> cohabitating</td> <td><input type="checkbox"/> separated</td> </tr> <tr> <td><input type="checkbox"/> legally married</td> <td><input type="checkbox"/> widowed</td> </tr> <tr> <td><input type="checkbox"/> divorced</td> <td><input type="checkbox"/> other</td> </tr> </table> <p>Assessment of current relationship (if applicable): Poor ____ Fair ____ Good ____</p>	<input type="checkbox"/> single	<input type="checkbox"/> divorce in process	<input type="checkbox"/> cohabitating	<input type="checkbox"/> separated	<input type="checkbox"/> legally married	<input type="checkbox"/> widowed	<input type="checkbox"/> divorced	<input type="checkbox"/> other	<p><b>Biological Mother Name</b> _____</p> <p>Birth date _____ Age _____</p> <p>Ethnic origin _____</p> <p>Total years of education completed _____</p> <p>Occupation _____ Employer _____</p> <p>Military experience? Y/N ____</p> <p>Combat experience? Y?N ____</p> <p>Current status:</p> <table border="1"> <tr> <td><input type="checkbox"/> single</td> <td><input type="checkbox"/> divorce in process</td> </tr> <tr> <td><input type="checkbox"/> cohabitating</td> <td><input type="checkbox"/> separated</td> </tr> <tr> <td><input type="checkbox"/> legally married</td> <td><input type="checkbox"/> widowed</td> </tr> <tr> <td><input type="checkbox"/> divorced</td> <td><input type="checkbox"/> other</td> </tr> </table> <p>Assessment of current relationship (if applicable): Poor ____ Fair ____ Good ____</p>	<input type="checkbox"/> single	<input type="checkbox"/> divorce in process	<input type="checkbox"/> cohabitating	<input type="checkbox"/> separated	<input type="checkbox"/> legally married	<input type="checkbox"/> widowed	<input type="checkbox"/> divorced	<input type="checkbox"/> other
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**Other adult(s) who the child resides with**

Name	Relationship to child	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Client name \_\_\_\_\_

Date \_\_\_\_\_

**Family Concerns**

(Please check any family concerns that your family is currently experiencing)

<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Disagreeing about relatives
<input type="checkbox"/>	Feeling distant	<input type="checkbox"/>	Disagreeing about friends
<input type="checkbox"/>	Loss of fun	<input type="checkbox"/>	Alcohol use
<input type="checkbox"/>	Lack of honesty	<input type="checkbox"/>	Drug use
<input type="checkbox"/>	Physical fights	<input type="checkbox"/>	Infidelity (couple)
<input type="checkbox"/>	Educational problems	<input type="checkbox"/>	Divorce/ separation
<input type="checkbox"/>	Death of a family member	<input type="checkbox"/>	Issues regarding remarriage
<input type="checkbox"/>	Abuse/neglect	<input type="checkbox"/>	Birth of a sibling
<input type="checkbox"/>	Inadequate housing/ feeling unsafe	<input type="checkbox"/>	Inadequate health insurance
<input type="checkbox"/>	Job change or job dissatisfaction	<input type="checkbox"/>	Other

**Individual concerns you have about your daughter or son**

	None	Mild	Mod	Severe		None	Mild	Mod	Severe
Sadness					Appetite changes				
Crying					Social isolation				
Sleep disturbances					Paranoid thoughts				
Problems at home					Poor concentration				
Hyperactivity					Indecisiveness				
Binging/ Purging					Low energy				
Loneliness					Excessive worry				
Unresolved guilt					Low self worth				
Irritability					Anger problems				
Nausea/ Indigestion					Spiritual concerns				
Social anxiety					Hallucinations				
Self mutilation					Racing thoughts				
Cutting					Restlessness				
Impulsivity					Drug use				
Nightmares					Alcohol use				
Hopelessness					Easily distracted				
Elevated mood					Trauma flashbacks				
Mood swings					Obsessive thoughts				
Disorganized					Panic attacks				
Anorexia					Feeling anxious				
Grief					Feeling panicky				
Phobias					Suicidal thoughts				
Headaches					Past suicide attempts				
Unplanned weight changes					Other				

Client name \_\_\_\_\_

Date \_\_\_\_\_

**Your Adolescent's Strengths**

What activities do you feel your son or daughter is successful at when they try?	
What personal qualities would you say your son or daughter has?	
Who are some of the influential and supportive people in your adolescent's life?	
What activities or beliefs are important for you daughter or son?	

Is there anything else that you would like to share?