

**Denver Counseling & Executive Life Coaching
Personal History – Intake Information
Adolescent**

Name: _____ Today's Date: _____

Phone: _____ Email: _____

Date of Birth: _____

1. Presenting Problems (List the main problems that you would like to address in counseling):

1. _____
2. _____
3. _____
4. _____
5. _____

Medical Doctor and/or Psychiatrist: _____

Any Medications + dosage: _____

Previous Counseling Or Treatment: (Please list counselors, treatment centers, time frames)

2. Family History: CURRENT Family Members:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>How Related</u>	<u>Marital Status</u>	<u>Where Living</u>	<u>Level of Ed.</u>	<u>Occupation</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

3. Family Relationships:

My relationship with my Dad and/or Step-Dad is: _____

My relationship with my Mom and/or Step-Mom is: _____

What I like most about my family is: _____

What I wish was different about my family is: _____

The person I'm closest to my family is: _____ because: _____

The person I have the most conflict with in the family is: _____ because: _____

My favorite things to do with my family are: _____

The rules I disagree with the most are: _____

I have the most conflict with my parents over: _____

When I'm angry, I _____

When I'm sad, I _____

If your parents were divorced, at what age were you, when it occurred? _____ What was the impact on you?

4. Significant Family Events: (List any deaths, traumatic accidents, job loss, personal illness/injury, losses, relocations/moves)

<u>Person(s) Involved:</u>	<u>What happened?</u>	<u>How Old Were You?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. History of Personal Abuse: (Physical, Sexual, Emotional, Neglect, Ritual Abuse, Spiritual Abuse)

Note: Your therapist is a mandated reporter. If you are not ready to disclose information, please leave blank)

<u>Type of Abuse:</u>	<u>Perpetrator (If known)</u>	<u>At What Age(s)?</u>	<u>Location/City Where Occurred</u>
_____	_____	_____	_____
_____	_____	_____	_____

What the abuse ever reported to Child Protective Services or to Law Enforcement ? _____

If so, when? _____ What City or County? _____

What was the outcome? _____

6. Educational Background:

Current School or Place of Education: _____

Current Grade: _____ Anticipated Date of Graduation from High School or GED: _____

How many schools did you attend from 1st Grade through 12th Grade? _____

What do you like about school? (Favorite subjects, teachers, classmates? Events & activities?)

What do you dislike about school? _____

What were your grades like in Grade School? _____ Jr. High? _____ Sr. High School? _____

Describe any particular learning disabilities or difficulties in school (if applicable): _____

What are your future educational/training goals? _____

7. Social Involvement:

How many people do you consider as close friends? _____ Who? _____

What are your recreational hobbies, interests, or activities? _____

Do you have a boyfriend / girlfriend relationship? If so, with who & how long? _____

Regarding friendships, do you:

Make friends easily? _____ Struggle with making/keeping friends? _____ Wish you had more friends? _____

Wish the quality of friendships were closer or better in some way? _____

8. Work History:

Current Job (if applicable): _____

Past Jobs: _____

What are your future dreams about career/work? _____

Have you ever been laid off or fired from a job? _____ What impact did that have on you? _____

9. Spiritual Background:

Do you attend a particular church or identify with a particular religious background? If so, what, where? Youth Group?

Currently, how would you summarize your spiritual beliefs (if applicable)?

How important is it to you or not, to have spiritual values & beliefs incorporated into counseling (or not)?

10. Legal Background:

Have you ever had any previous charges or record of criminal activity? If so, please describe: _____

Do you currently, have any charges, upcoming court dates, or probation? If so, please describe:

Sexual History: (Please respond at the level with which you are comfortable sharing; otherwise leave blank)

Are you currently sexually active? _____ On Birth Control? _____

Any problems in the sexual area related to pregnancy, abortion, sexual addiction, pornography, sexually transmitted diseases, prostitution or other that you want your counselor to know? _____ If yes, please explain:

Substance Use: (List the following for any alcohol or drug use, including social use of alcohol, marijuana, any prescription drug abuse, illegal drugs)

<u>Substance Used</u>	<u>What Age(s)</u>	<u>Frequency?</u>	<u>Amount each use?</u>	<u>Date of Last Use?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever had blackouts, memory loss as a result of drinking or drug use?

Have you had any DUI, DWI or other legal consequences as a result of drinking or drug use?

How many of your friends or family members have expressed concern about your drinking or use drugs? _____

Have you ever been late, missed school/work, lost a job/failed a class due to drinking, drug use, or being hung over or not feeling well? _____

How much money do you spend **each week** on alcohol, cigarettes, drugs, and medical marijuana combined, not counting prescription drugs that are used appropriately? _____

Do you believe you have a problem with alcohol or drugs? _____

Have you ever been to A.A. or N.A.? _____ If yes, how long & how frequently? _____

Mental/Emotional:

Have you ever struggled with suicidal thoughts? If so, when? _____

What was going on in your life that led you to feel this way?

Have you ever had a suicide attempt? _____ If so, when? _____

What method(s) did you try to use? _____

What help or treatment, if any, did you receive? _____

Personal Strengths & Weaknesses:

What special gifts, talents, skills, abilities do you have (creative arts, music, athletic abilities, hobbies, knowledge, interests)?

The strengths or personality traits that others say they like about me are: _____

The weaknesses that I have are: _____

What are your life goals & dreams? _____

Counseling Process:

What are your fears or concerns about counseling? _____

In what ways do you hope counseling will help? What are your desired outcome(s)?
