NWC COUNSELING

COUNSELING INDIVIDUALS COUPLES FAMILIES

1 Windsor Cove | Suite 303 | Columbia SC | 29223

nwccounseling.org • admin@nwccounseling.org • 803.851.6801

Adolescent Intake Form

All about you

Your name ______________________________ Today's date _____________

Birthday _______________________________ Your age ______________

Cell phone number: ______________________________

Email: ____

Voicemail messages okay? (Y/N) _____ Text messages? (Y/N) ________ Email? (Y/N) ________

School: __________________________________ Grade: ____________________

Please share any social media you use (facebook, twitter, snapchat, instagram, etc):

____

Do your parents have access to your electronic communication? (Y/N) __________

Do they have any issues with your use of phone, text, electronic communication? (Y/N)_______

More about you and counseling

Tell me why you are coming to counseling?

____

____

What do you think about counseling?

____

____

What would you like to see changed in your life because of our counseling sessions?

____

____

Have you previously seen a counselor? (Y/N) ________

If yes, what did you like the most about counseling?

____

____

If yes, what did you dislike about counseling?

____
____

About your family

Are your parents married or divorced (or separated)? ____________________

Do you think their relationship is good? (Y/N/Unsure)________________

If your parents are divorced (separated), whom do you primarily live with? ___________

How often do you see each parent? Mom________% Dad __________%.

Did you experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

____
____
____

About your friends

How do you consider yourself socially: ___outgoing ____shy ____depends on the situation

Are you happy with the amount of friends you have? (Y/N)_______________

Have you ever been bullied? (Y/N) ___________

Are your parents happy with your friends? (Y/N)____________________

If no, what do you believe they are unhappy about:

____
____

Are involved in any organized social activities (e.g. sports, scouts, music)?

____
____

More about school

1. Do you like school? (Y/N)_____________

2. Do you attend regularly? (Y/N)____________

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3. What are your current grades? ____________________

4. Do you feel you are doing the best you can at School? (Y/N) _______________________

More about you emotionally

Have you ever had any thoughts of suicide? ☐ Yes ☐ No If yes, describe:

____

____

Have you ever attempted suicide? ☐ Yes ☐ No If yes, describe:

____

____

Have you felt any of these things recently?

Please write **(N)** for not really, **(S)** for sometimes and **(F)** for often if you have been dealing with something listed below.

	Sadness		Loneliness
	Crying		Indecisiveness
	Sleeping problems		Low self-worth
	Appetite changes (unusual)		Anger issues
	Unresolved guilt		Spiritual concerns
	Irritability		Drug or alcohol use
	Dishonesty		Abuse/neglect
	Social Anxiety		Trauma / flashbacks
	Self-harm		Problems at home
	Impulsive behaviors		Problems at school
	Mood Swings		Grief
	Isolation		Obsessive thoughts

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<u>Your Strengths, Needs, Abilities and Preferences</u>

What are good things people say about you?

____

____

What are some things you need or really want?

____

____

What are things you can do well?

____

____

When would you like to come to talk? Check the best days.

Days	Daytime	Evenings
Mondays		
Tuesdays		
Wednesdays		
Thursdays		
Fridays		
Saturdays		