CENTURY MENTAL HEALTH, INC.

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ADOLESCENT INTAKE FORM

Please note that the information is important for your care. Please fill out forms as completely as possible and have them ready before the first therapy session. These forms will remain confidential unless subpoenaed by a court.

CLIENT INFORMATION

Name: ____

Date of Birth: ________________________________ Age: _______

Gender:_____________ Preferred pronouns: _____________________

Phone (Cell): ________________________Can we leave messages at this number?__________

School: ____Grade: _________________

CURRENT REASON FOR SEEKING THERAPY

Why are you coming to therapy?

____

____

How do you think therapy might help you?

____

____

PERSONAL STRENGTHS

What activities do you enjoy?

____

____

What qualities are you proud to share with others? (e.g. kindness, intelligence)

____

____

____

THERAPY/TREATMENT HISTORY

Have you previously seen a therapist? ❒ Yes ❒ No

If yes, what did you find most helpful in therapy?

____

____

If yes, what did you find least helpful in therapy?

____

____

SUBSTANCE USE AND HISTORY

Do you currently use alcohol? ❒ Yes ❒ No

If yes, how often do you drink? ❒ Daily ❒ Weekly ❒ Occasionally ❒ Rarely

If yes, how much do you drink? __________(#) per time.

Do you currently use tobacco? ❒ Yes ❒ No

If yes, how often do you smoke/chew? ❒ Daily ❒ Weekly ❒ Occasionally ❒ Rarely

Do you currently use marijuana? ____________________________

Do you currently use any other drugs? ❒ Yes ❒ No

If yes, what kind?

____

If yes, how often do you use? ❒ Daily ❒ Weekly ❒ Occasionally ❒ Rarely

FAMILY INFORMATION

Are your parents married, divorced or separated? _____________________________________

Do you think their relationship is good? ❒ Yes ❒ No ❒ Unsure

If your parents are divorced, whom do you primarily live with? ___________________________

Were you adopted? ❒ Yes ❒ No

FAMILY CONCERNS

Please check any family concerns that your family is currently experiencing ❒ Fighting

❒ Disagreeing about relatives ❒ Feeling distant ❒ Disagreeing about friends ❒ Loss of fun ❒ Alcohol use

❒ Lack of honesty ❒ Drug use ❒ Physical fights ❒ Education problems ❒ Divorce/separation

❒ Financial problems ❒ Issues regarding remarriage ❒ Death of a family member ❒ Birth of a sibling

❒ Abuse/neglect ❒ Birth of a child

Other concerns not listed above:

____

PEER RELATIONS

How do you consider yourself socially? ❒ Outgoing ❒ Shy ❒ Depends on the situation

Are you happy with the amount of friends you have? ❒ Yes ❒ No

Have you ever been bullied? ❒ Yes ❒ No If yes, please describe: _____________________________

____

____

Are your parents happy with your friends? ❒ Yes ❒ No

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

____

____

SCHOOL HISTORY

On a scale of 1-10 (10 being the most) how much do you enjoy school? ____________________

Do you attend regularly? ❒ Yes ❒ No

Generally, how are your grades? ____

Have there been any significant changes in your grades? ❒ Yes ❒ No

Do you feel you are doing the best you can at school? ❒ Yes ❒ No ❒ Unsure

INDIVIDUAL CONCERNS

Is there anything else you would like to share?

____

____

Please complete the symptom checklist
Check the symptoms you are currently experiencing or have experienced in the last 6 months.

Physical
____Nausea/Indigestion
____Headaches
____Change in Weight
____Change in Appetite
____Difficulty Sleeping
____Restlessness

Emotional/Mood
____Social Anxiety
____Sadness
____Loneliness
____Unresolved Guilt
____Irritability
____Hopelessness
____Indecisiveness
____Low Energy
____Excessive worry
____Low Self-Worth
____Anger Issues
____Hallucinations
____Trauma Flashbacks
____Panic Attacks
____Feeling Anxious
____Feeling Panicky
____Issues with Body/Weight
____Mood Swings
____Grief
____Phobias

Environmental
____Problems at Home
____Problems at Work

Behavioral
____Crying
____Hyperactivity
____Binging/Purging
____Self-Harming
____Impulsivity
____Nightmares
____Drug Use
____Social Isolation

Thoughts
____Suicidal Thoughts
____Homicidal Thoughts
____Paranoid Thoughts
____Racing Thoughts
____Identity Questions
____Obsessive Thoughts
____Poor Concentration

Other
____
____
____