Intake Form – Child/Adolescent Section

Part 2 - To be c	completed by child/add	plescent.			
Name:			Phone:		
	e king Counseling: e of your problem in yo	our own words for wh	ich you are seeking co	ounseling.	
How long has t	his issue existed?	_			
What is your m	ost difficult relationsh	ip right now?			
What is your m	ost difficult emotion r	ight now?			
Rate each of the following life issue with the followingBoy/GirlfriendParent DivordFriendshipsChild custodySocial ActivityFamilyDisabledPast hurtsSexual issuesDepressionCodependencySelf-harmGrief/lossFear/anxietySchool/learningEmotions		ivorce/separationA stodyO sSi sM onA nC ietyPa		e issue=2; severe issue=3. God/faith Church/ministry Sadness Stress control Loneliness Weight control Behavior Health	
Personality Da	-				
•	te following words that	t best describe you:			
Active	Shy	Hardworking	Leader	Compulsive	
Nervous	Likeable	Impulsive	Follower	Excitable	
Impatient	Self-conscious	Often-blue	Sarcastic	Serious	
Moody	Jealous	Calm	Self-confident	Easy-going	
Imaginative	Ambitious	Good-natured	Persistent	Quiet	
Introverted	Extroverted	Fearful	Loner	Stubborn	
Others:					
What are you g	ood at doing?				
-	ke about yourself?				
What do other	people like about you?)			
If you had three	e wishes, what would	they be?			
Wish #1					

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If you were an animal, what animal would you be and why?	
If anything in your life could be different, what would you want to change?	
Who is your favorite hero or fictional character?	
What do you like about him/her?	
List three things that are important to you	
Tell about one dream you've had:	
If you could go to the moon, who would you take with you?	
If you found a thousand dollars lying on the sidewalk, what would you buy with it?	
Finish these statements	
I am	
Others are	
My world is	
Child/Adolescent signature: Date:	

Counselor's signature: _____ Date: _____