Intake Form – Child/Adolescent Section

To be completed by child/adolescent. Name: Phone:					
Reason for Seel	king Counseling:		ich you are seeking co		
How long has th	is issue existed?				
What is your mo	st difficult relationsh	_ ip right now?			
		ight now?			
Rate each of the fol Boy/Girlfriend Friendships Social Activit Disabled Sexual issues Codependency Grief/loss School/learni	dParent D Child cus yFamily Past hurt Depression ySelf-harm Fear/anxi	ivorce/separationAl stodyOt sSi sM onAn nCo ietyPa	0; mild issue=1; moderat cohol/drugs her addictions blings oney/budgeting nger control ommunication rents uthority	e issue=2; severe issue=3. God/faith Church/ministry Sadness Stress control Loneliness Weight control Behavior Health	
Personality Dat	a:				
v	e 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 go	ood at doing?				
What do you like	e about yourself?				
What do other p	eople like about you?	 			
Is there anything	g you are afraid of?				
2	wishes, what would	they be?			
_Wish #2					

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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: _____