

# ADOLESCENT INTAKE EVALUATION

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Teen's Name: \_\_\_\_\_ *Date:* \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: *School:* \_\_\_\_\_

Pronouns: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ *Relationship:* \_\_\_\_\_

Parent Phone: \_\_\_\_\_ *Email:* \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ *Phone:* \_\_\_\_\_

Insurance: \_\_\_\_\_ *Referring Provider:* \_\_\_\_\_

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## PRESENTING CONCERNS

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Why are you here today? (Teen's perspective)

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Parent's Concerns:

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**Current Problems (Check all that apply):** ☐ Depression/sadness ☐ Anxiety/worry ☐ Anger/irritability ☐ Mood swings ☐ School problems ☐ Friend problems ☐ Family conflict ☐ Self-harm ☐ Suicidal thoughts ☐ Eating issues ☐ Sleep problems ☐ Substance use ☐ Risky behaviors ☐ Identity concerns ☐ Trauma symptoms ☐ ADHD symptoms ☐ Other: \_\_\_\_\_

When did problems start? \_\_\_\_\_

What was happening then? \_\_\_\_\_

## SCHOOL AND ACADEMICS

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**Current School:** \_\_\_\_\_

**Grade:** \_ **GPA:** ***Favorite Subject:*** \_\_\_\_\_

**Academic Performance:** ☐ Excellent ☐ Good ☐ Average ☐ Below average ☐ Failing

**Recent Changes in Grades:** ☐ No ☐ Yes - Details: \_\_\_\_

**School Attendance:** ☐ Regular ☐ Some absences ☐ Frequent absences ☐ Truancy

**School Relationships:** ☐ Good friends ☐ Few friends ☐ No friends ☐ Bullied ☐ Bullying others

**Teachers/Staff Relationships:** ☐ Positive ☐ Neutral ☐ Negative ☐ Conflict

**Special Services:** ☐ None ☐ IEP ☐ 504 Plan ☐ Tutoring ☐ Counseling ☐ Other: \_\_\_\_

**Future Plans:** ☐ College ☐ Trade school ☐ Work ☐ Military ☐ Undecided

## FAMILY RELATIONSHIPS

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**Lives with:** ☐ Both parents ☐ Mom ☐ Dad ☐ Grandparents ☐ Other: \_\_\_\_

**Parents' Relationship:** ☐ Married ☐ Divorced ☐ Separated ☐ Never married ☐ Widowed

**Siblings:** ☐ None ☐ Number: \_ **Ages:** \_\_\_\_\_

**Family Relationships:** ☐ Close ☐ Good ☐ Okay ☐ Strained ☐ Conflicted

**Family Rules/Structure:** ☐ Clear rules ☐ Some rules ☐ Few rules ☐ No rules ☐ Too strict

**Communication with Parents:** ☐ Open ☐ Good ☐ Okay ☐ Difficult ☐ None

**Family Stressors:** ☐ Financial problems ☐ Divorce/separation ☐ Illness ☐ Job loss ☐ Moving ☐ Death ☐ Substance use ☐ Mental illness ☐ Legal issues ☐ Other: \_\_\_\_\_

## PEER RELATIONSHIPS

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**Friend Group:** ☐ Large group ☐ Small group ☐ Few close friends ☐ One best friend ☐ No friends

**Friend Relationships:** ☐ Very close ☐ Close ☐ Casual ☐ Difficult ☐ Drama

**Social Activities:** ☐ Sports ☐ Clubs ☐ Arts ☐ Gaming ☐ Hanging out ☐ Parties ☐ Other: \_\_\_\_\_

**Peer Pressure:** ☐ None ☐ Some ☐ Significant pressure to: \_\_\_\_\_

**Romantic Relationships:** ☐ None ☐ Interested in someone ☐ Dating ☐ Serious relationship ☐ Relationship problems

## IDENTITY AND DEVELOPMENT

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**Sexual Orientation:** ☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Pansexual ☐ Questioning ☐ Prefer not to say ☐ Other: \_\_\_\_\_

**Gender Identity:** ☐ Cisgender ☐ Transgender ☐ Non-binary ☐ Questioning ☐ Prefer not to say ☐ Other: \_\_\_\_\_

**Support for Identity:** ☐ Very supportive family ☐ Somewhat supportive ☐ Unsupportive ☐ Unknown

**Body Image:** ☐ Positive ☐ Neutral ☐ Negative ☐ Very negative

**Self-Esteem:** ☐ High ☐ Good ☐ Average ☐ Low ☐ Very low

## TECHNOLOGY AND SOCIAL MEDIA

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**Daily Screen Time:** ☐ <2 hours ☐ 2-4 hours ☐ 4-6 hours ☐ >6 hours

**Social Media Use:** ☐ Instagram ☐ TikTok ☐ Snapchat ☐ Discord ☐ YouTube ☐ Twitter ☐ Facebook ☐ Other: \_\_\_\_\_

**Online Problems:** ☐ None ☐ Cyberbullying ☐ Inappropriate content ☐ Online predators ☐ Gaming addiction ☐ Social media addiction ☐ Other: \_\_\_\_\_

**Parental Monitoring:** ☐ High ☐ Moderate ☐ Low ☐ None

## RISK BEHAVIORS

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**Substance Use:** ☐ None ☐ Alcohol ☐ Marijuana ☐ Vaping ☐ Prescription drugs ☐  
Other drugs: \_\_\_\_\_

**Frequency:** ☐ Never ☐ Tried once ☐ Occasional ☐ Regular ☐ Daily

**Sexual Activity:** ☐ None ☐ Some experience ☐ Sexually active ☐ Safe practices ☐  
Risky behaviors

**Other Risk Behaviors:** ☐ Reckless driving ☐ Fighting ☐ Stealing ☐ Running away ☐  
Self-harm ☐ Disordered eating ☐ Other: \_\_\_\_\_

## MENTAL HEALTH SYMPTOMS

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**Mood Symptoms:** ☐ Persistent sadness ☐ Hopelessness ☐ Mood swings ☐ Irritability  
☐ Anger outbursts ☐ Emotional numbness ☐ Crying spells

**Anxiety Symptoms:** ☐ Excessive worry ☐ Panic attacks ☐ Social anxiety ☐ Phobias ☐  
Separation anxiety ☐ Performance anxiety

**Attention/Hyperactivity:** ☐ Difficulty concentrating ☐ Easily distracted ☐ Hyperactive  
☐ Impulsive ☐ Disorganized ☐ Forgetful

**Sleep Issues:** ☐ Trouble falling asleep ☐ Frequent waking ☐ Nightmares ☐ Too much sleep  
☐ Too little sleep

**Eating Issues:** ☐ Appetite changes ☐ Weight changes ☐ Body image concerns ☐  
Restrictive eating ☐ Binge eating ☐ Purging

## SAFETY ASSESSMENT

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**Self-Harm:** ☐ None ☐ Thoughts ☐ Past behavior ☐ Current behavior Methods:  
\_\_\_\_\_

**Suicidal Thoughts:** ☐ None ☐ Passive ☐ Active ☐ Plan ☐ Previous attempts Details: \_\_\_\_\_

**Risk to Others:** ☐ None ☐ Thoughts ☐ Threats ☐ Past violence Details: \_\_\_\_\_

**Protective Factors:** ☐ Family support ☐ Friends ☐ Pets ☐ Future goals ☐ Hobbies ☐ Sports/activities ☐ Religious beliefs ☐ Other: \_\_\_\_\_

## STRENGTHS AND INTERESTS

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**Personal Strengths:** ☐ Smart ☐ Creative ☐ Funny ☐ Kind ☐ Athletic ☐ Musical ☐ Artistic ☐ Leader ☐ Good friend ☐ Resilient ☐ Other: \_\_\_\_\_

**Hobbies/Interests:** ☐ Sports ☐ Music ☐ Art ☐ Reading ☐ Gaming ☐ Cooking ☐ Animals ☐ Nature ☐ Technology ☐ Other: \_\_\_\_\_

**Goals/Dreams:**

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**What makes you happy?**

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## TREATMENT GOALS

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**What would you like to change?** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**How motivated are you for therapy?** ☐ Very motivated ☐ Somewhat motivated ☐ Not sure ☐ Not motivated

**Therapy Preferences:** ☐ Individual only ☐ Family therapy ☐ Group therapy ☐ No preference

## PARENT/GUARDIAN INPUT

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**Additional Concerns:**

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**Family Goals:**

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**Previous Treatment:** ☐ None ☐ Individual therapy ☐ Family therapy ☐ Medication ☐ School counseling ☐ Other: \_\_\_\_\_

## CLINICAL IMPRESSIONS

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**Primary Concerns:**

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**Recommended Treatment:** ☐ Individual therapy ☐ Family therapy ☐ Group therapy  
☐ Psychiatric evaluation ☐ School consultation ☐ Other: \_\_\_\_\_

**Frequency:** ☐ Weekly ☐ Bi-weekly ☐ Family sessions: \_\_\_\_\_

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**Teen Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Confidential treatment record protected by HIPAA and state confidentiality laws.*