

The Mind of Christ Counseling Center

Adolescent Intake

Name _____ Age _____

Address _____ Phone _____

School _____ Grade _____ Birthday _____

Hobbies _____

Job _____

Church Preference _____ Church Member ___ Yes ___ No

PROBLEMS CHECKLIST - RATE EACH ISSUE WITH A NUMBER:

1 = major problem

2 = problem at times

3 = not a problem

_____ Learning how to trust others

_____ Getting along with my parents or other family members

_____ Getting a clear sense of what I value

_____ Worrying about whether I'm normal

_____ Feeling accepted by my peers

_____ Dealing with sexual feelings and/or problems

_____ Worrying about my future

_____ Trying to decide on a career

_____ Dealing with my alcohol or drug abuse

_____ Dealing with problems at school

_____ Dealing with how I feel about myself

Additional problems I'd like to pursue: _____

For Counselor's use only:

Does the client presently use:

Drugs _____

Alcohol _____

Tobacco _____

Whom does the client presently live with

(i.e. - step-parent) _____
