

The Mind of Christ Counseling Center

Adolescent Information

Name _____ Age _____ Birthday _____

Address _____

School _____ Grade _____

Hobbies _____

Job _____

Whom do you currently live with? _____

What is their relationship to you? _____

THOUGHTS CHECKLIST:

Please check how often the following thoughts that occur to you:

	Never	Rarely	Sometimes	Frequently
1. Life is hopeless.				
2. I am lonely.				
3. No one cares about me.				
4. I am a failure.				
5. Most people don't like me.				
6. I want to die.				
7. I want to hurt someone.				
8. I am so stupid.				
9. I am going crazy.				
10. I can't concentrate.				
11. I am so depressed.				
12. God is disappointed in me.				
13. I am disappointed with God.				
14. I can't be forgiven.				
15. Why am I so different?				
16. I can't do anything right.				
17. People hear my thoughts.				
18. I have no emotions.				
19. Someone is watching me.				
20. I hear voices in my head.				
21. I am out of control.				

ISSUES CHECKLIST:

Please indicate which of the following are **current** issues for you. Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Not being able to say what you really think/ feel | <input type="checkbox"/> Feeling inferior to others |
| <input type="checkbox"/> Under too much pressure and feeling stressed | <input type="checkbox"/> Angry outbursts |
| <input type="checkbox"/> Feeling down or unhappy/depressed mood | <input type="checkbox"/> Excessive fear of specific places or objects |
| <input type="checkbox"/> Excessive anxiety or worry | <input type="checkbox"/> Difficulty making friends |

Other problems I would like to talk about: _____

What do you hope to gain from counseling? _____

STRENGTHS AND HELPS:

What personal strengths do you feel you possess that may help you with your current difficulties? _____

Who or what has helped you cope with your current difficulties? _____

Who or what has helped you cope with past difficulties? _____

SPIRITUALITY:

Do you believe in God? YES NO What is your religious preference? _____

Are you a member of a church? YES NO If yes, which church? _____

How much influence does your religion or spirituality have on your daily activities? NONE A LITTLE SOME A LOT

What religious or spiritual resources in your life could be used to help you overcome your current difficulties? _____

Counselor's Use ONLY:

Does the client presently use...

Drugs _____

Alcohol _____

Tobacco _____