



**A W A K E N M E**

COUNSELING AND INTEGRATIVE LIFE COACHING

Finding solutions to life challenges

### **Teen/Adolescent Counseling Intake Form**

About the Teen/Adolescent Name \_\_\_\_\_

Prefers to be called \_\_\_\_\_ Gender: Male Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Reason for coming to counseling today

Parent/Guardian Information Name \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to client: Birth Parent Stepparent Adoptive Parent Legal Guardian

Home phone \_\_\_\_/\_\_\_\_/\_\_\_\_ May we leave a message? Yes/No

Cell phone \_\_\_\_/\_\_\_\_/\_\_\_\_ May we leave a message? Yes/No

Parent/Guardian Information Name \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to client: Birth Parent Step Parent Adoptive Parent Legal Guardian  
Home phone \_\_\_\_/\_\_\_\_/\_\_\_\_ May we leave a message? Yes/No  
Cell phone \_\_\_\_/\_\_\_\_/\_\_\_\_ May we leave a message? Yes/No

If biological parents divorced, please answer the following:

Years divorced \_\_\_\_\_  
Which parent is the primary residential parent? \_\_\_\_\_  
Is there a parenting plan in place? Yes/No  
Has either parent remarried? Mother: Yes/No  
If yes, year of remarriage \_\_\_\_\_  
Father: Yes/No If yes, year of remarriage \_\_\_\_\_

Please list any siblings of teen/adolescent. Name Age Relationship

- 1.
- 2.
- 3.
- 4.

Medical/Counseling History

Medical Doctor \_\_\_\_\_

Current medical problem(s) being treated? \_\_\_\_\_

List all medications currently being taken & Dosage

Date began taking \_\_\_\_\_

Has the teen/adolescent received counseling before Yes/No

What do you hope to achieve through this counseling experience?

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Who referred for counseling?

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Religious Affiliation If affiliated with a church/religious group/denomination, please give the name. \_\_\_\_\_

Actively involved? Yes/No

Do you give permission for the counselor to use prayer, scripture and spiritual conversations as part of your counseling? Yes/No