

# Quarternote Counseling LLC

## Adolescent Intake

Date:

Name:

Date of birth:

Hand Dominance (Left or right-handed)

Ethnicity:

Hispanic/Latino

Non-Hispanic/Latino

Declined

Race

White

Black/African American

Hawaiian/Pacific Islander

American Indian/Alaskan Native

OTHER

Declined

Education

Grade level?

Biggest strength in school?

Favorite subject?

Least favorite subject?

Are you happy at school?

Any learning challenges?

Average grades in school

Please list any school stressors:

Have you ever been bullied?

Do you have close friends you can confide in?

Religious/Spiritual Information:

Do you consider yourself to be religious/spiritual/agnostic/atheist?

If religious/spiritual, what is your faith/spiritual orientation?

Did you immigrate to the US?

If yes, at what age and from what country?

Did your parents immigrate to the US?

If yes, at what age and from what country?

In what language are you most comfortable?

(OPTIONAL) Sexual Orientation:

Heterosexual

Homosexual

Bi-Sexual

Transgendered

Living Arrangement: (Who do you live with and their relationship to you)

## Military history

Are you a family member of an individual who has served in the military?

If yes, what is your relationship to that person(s)?

How many hours of sleep a night do you average?

Do you feel rested?

Do you exercise? If yes, how often and what type(s)

Do you have a hobby? If yes, what is it?

Do you play video games? If yes, how many hours per day?

Do you use social media? If yes, how many hours per day?

What kind of music do you like?

In the last year have you experienced any significant life changes or stressors?

## Self Harm

Have you ever thought it would be better if you did not exist?

Have you ever thought about a way to kill yourself?

Have you ever tried to kill yourself?

Have you ever cut or injured yourself on purpose, without the intention of killing yourself?

Has anything ever happened to you that caused you to have nightmares, intrusive upsetting thoughts that are hard to get out of your mind, flashbacks, high anxiety when you recall the event? You can just state yes or no.

Do you experience mood swings from depressed/sad to energetic/super happy?

Substance use:

Any use of alcohol or any drugs by class, age started.

If substance use became a problem, when did when did you become aware of the problem?

Current use pattern

Does the use of substances by anyone in your family cause you concern?

Mental Health:

Seeing or hearing things that aren't there

Sad/depressed

Anxiety

Sleep or appetite problems

Trauma (something that really scared you)

Mood up and down

Super happy/energetic

Racing Thoughts

Anger

Irritability

Aggression toward others

Relationship problems?

Do you feel discriminated against/oppressed?

What characteristics do you like about yourself?

What characteristics about yourself would you like to change?

Circumstances that led you to seek treatment:

What are your goals for therapy?

Client signature \_\_\_\_\_

Therapist signature indicating document reviewed \_\_\_\_\_