# Adolescent Intake Assessment

(to be completed by client aged 12-16)

Welcome to ***Inspire Behavioral Health, LLC***, and thank you for taking the time to complete this intake questionnaire. To best serve you, it is helpful for me to have some background information about you. Your cooperation in completing this questionnaire will help me to do a better job and will make our time together more productive. During our first appointment, I will meet with you and your parent(s)/guardian(s) for about one hour to learn about your life and your therapy goals. Together, we will decide the best treatment plan for you.

**Full Name:** _____ **Date:** _____

**Prefered Name:** _____

**Birthdate:** _____ **Age:** _____ **Gender:** ☐ Female ☐ Male ☐ Other: _____

**Phone Number:** _____ **Prefered Pronouns:** ☐ She/Her ☐ He/Him ☐ Other: _____

May I leave a message? ☐ Yes ☐ No

May I text you? ☐ Yes ☐ No

**Email:** _____ (please note: Email correspondence is not considered a confidential means of communication)

Prefered method of communication: ☐ Phone ☐ Text ☐ Email

☐ None of these. I prefer you communicate with my parent/guardian.

Names of Parent(s)/Guardian(s): _____

**Please describe your reason(s) for coming to therapy today.** You can write about what challenges you are having and what you hope to accomplish in our work together. It's OK if your reason for coming is not the same as your parent/guardian. Maybe your reason for coming is just because your family said you had to. That's OK too.

_____

_____

_____

_____

_____

_____

Maybe a checklist is easier:

| | | | |
|---|---|---|---|
| ☐ School/work problems | ☐ Friendships | ☐ Family | ☐ Temper |
| ☐ Bullying or teasing | ☐ Feeling down or sad | ☐ Feeling worried or stressed | ☐ Alcohol or drugs |
| ☐ Sleeping problems | ☐ Eating problems | ☐ Body image | ☐ Gender identity |
| ☐ Sexual identity | ☐ Other: _____ | | |

FAMILY INFORMATION

Please tell me about who lives in your home:

| Name: | Relationship to you: | Age: | Comments: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Write 5 words to describe your family:

_____

_____

STRENGTHS AND SPIRITUALITY

Please tell me the things you are good at/proud of:

_____

_____

_____

What gives you strength during challenging times?

_____

_____

Do you or your family have a religious affiliation, spiritual belief system or way of life that would be helpful for me to know about?

_____

_____

What are your hobbies, extracurricular activities or interests?

_____

_____

SOCIAL FUNCTIONING

Please describe how you interact with peers and other kids your age (include siblings):

_____

_____

What do you like to do with friends?

_____

_____

Are you having any trouble making or keeping friends? ☐ Yes ☐ No If yes, please explain:

_____

_____

Below are examples of problems that people sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true for you.

| 1) | NEVER | SOME-TIMES | OFTEN |
|---|---|---|---|
| easily distracted | 0 | 1 | 2 |
| do not finish things you start | 0 | 1 | 2 |
| have difficulty following instructions or directions | 0 | 1 | 2 |
| impulsive, act without thinking first | 0 | 1 | 2 |
| jump from one activity to another | 0 | 1 | 2 |
| fidget | 0 | 1 | 2 |
| | Total: | | |

| 2) | NEVER | SOME-TIMES | OFTEN |
|---|---|---|---|
| cranky | 0 | 1 | 2 |
| defiant, talk back to adults | 0 | 1 | 2 |
| blame others for your mistakes | 0 | 1 | 2 |
| easily annoyed by others | 0 | 1 | 2 |
| argue a lot with adults | 0 | 1 | 2 |
| angry and resentful | 0 | 1 | 2 |
| | Total: | | |

| 3) | NEVER | SOME-TIMES | OFTEN |
|---|---|---|---|
| steal things at home | 0 | 1 | 2 |
| destroy things that are not yours | 0 | 1 | 2 |
| damage school or other property | 0 | 1 | 2 |
| broke into someone else's car, house or property | 0 | 1 | 2 |
| physically attack people | 0 | 1 | 2 |
| use weapons when fighting | 0 | 1 | 2 |
| | Total: | | |

| 4) | NEVER | SOME-TIMES | OFTEN |
|---|---|---|---|
| worry something bad will happen to a loved one | 0 | 1 | 2 |
| worry about being away from loved ones | 0 | 1 | 2 |
| scared to go to sleep alone | 0 | 1 | 2 |
| overly upset when leaving a loved one | 0 | 1 | 2 |
| overly upset while away from loved ones | 0 | 1 | 2 |
| feel sick before leaving a loved one | 0 | 1 | 2 |
| | Total: | | |

| 5) | NEVER | SOME-TIMES | OFTEN |
|---|---|---|---|
| worry about doing better | 0 | 1 | 2 |
| worry about past behavior | 0 | 1 | 2 |
| worry about doing things wrong | 0 | 1 | 2 |
| worry about things in the future | 0 | 1 | 2 |
| afraid of making mistakes | 0 | 1 | 2 |
| overly anxious to please people | 0 | 1 | 2 |
| | Total: | | |

| 6) | NEVER | SOME-TIMES | OFTEN |
|---|---|---|---|
| no interest in your usual activities | 0 | 1 | 2 |
| no pleasure from usual activities | 0 | 1 | 2 |
| trouble enjoying yourself | 0 | 1 | 2 |
| not as happy as other children or peers | 0 | 1 | 2 |
| feel hopeless | 0 | 1 | 2 |
| unhappy, sad or depressed | 0 | 1 | 2 |
| | Total: | | |

Have you ever experienced any of the following:

☐ Physical Abuse ☐ Emotional Abuse ☐ Verbal Abuse ☐ Sexual Abuse ☐ Neglect ☐ Witnessed Abuse

HEALTH

Have you been to therapy before? ☐ Yes ☐ No If yes, please explain:

_____

_____

Have you been hospitalized before? ☐ Yes ☐ No If yes, please explain:

_____

_____

Are you experiencing any current medical problems? ☐ Yes ☐ No If yes, please explain:

_____

_____

Do you take medication on a regular basis? ☐ Yes ☐ No If yes, please explain:

_____

_____

Have you attempted to harm yourself or end your life before? ☐ Yes ☐ No If yes, please explain:

_____

_____

SCHOOL AND OCCUPATIONAL FUNCTIONING

Do you attend school? ☐ Yes ☐ No If yes, what grade are you in:

_____

Do you have any challenges at school right now (suspension, skipping, trouble with teachers, etc):

_____

_____

Have you ever been diagnosed with a learning disability/problem? ☐ Yes ☐ No If yes, please explain:

_____

_____

Do (did) you have an Individual Education Plan (IEP) or 504 Plan? ☐ Yes ☐ No If yes, please explain:

_____

_____

Do you have a job or earn an allowance? ☐ Yes ☐ No If yes, please explain:

_____

_____

If you could be anything you want when you grow up, what would it be?

_____

_____

Is there anything else that you would like me to know about you?

Is there anything else that you would like me to know about your family?

Is there anything you would like to know about me or the therapeutic process before we begin?