

CHRISTIAN COUNSELING ASSOCIATES
501 E. 15th Street, Suite 102
Edmond, OK 73013

CONFIDENTIAL
Teen Intake Form

Date _____ Parents _____

GENERAL INFORMATION

Name _____ Phone _____

Address _____ Birthdate _____

City, State, Zip _____ Age _____ Grade _____

School _____ Teacher or school counselor _____

I have lived at this address for _____ years.

I live with my: _____ birth mother _____ birth father

_____ step mother _____ step father

_____ other _____

Number of brothers _____ Ages _____

Number of sisters _____ Ages _____

Number of half or step brothers _____ Ages _____

Number of half or step sisters _____ Ages _____

Have you ever lived in another place? _____ If so, where and how long? _____

Have you ever been to a counselor? _____ If so, where and when? _____

Who is your doctor? _____

When was the last time you saw him? _____

Why did you see him? _____

Are you currently taking any medication? _____ If yes, what are they? _____

Check the word(s) that best describe how you usually feel:

- happy depressed angry suicidal frustrated sad
 anxious satisfied fearful bitter revengeful hurt

Answer the following two questions for each feeling checked:

When do you usually feel this way? _____

What do you usually do when you feel this way? _____

If you could change one thing about yourself, it would be: _____

Two things you like about yourself are: _____

If you could change two things at home, they would be: _____

The person who understands you best is: _____

Please evaluate the relationship between you and your parents. Check all answers that apply.

	Father	Mother	Step-father	Step-mother
Has the greatest influence on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually does the disciplining.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is away a great deal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is affectionate to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify with most.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have major conflicts with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most dominant personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The most difficult subject to discuss with your parents is: _____

What you want most out of life is: _____

What has been your greatest disappointment? _____

The main trouble you have with your parents is: _____

Do you dream? _____ Do you have nightmares? _____ If yes, explain: _____

Do you daydream? _____ What occupies your thoughts most? _____

What is the best thing that ever happened to you? _____

What is the worst thing that ever happened to you? _____

What kind of music do you listen to the most? _____

Who is your favorite artist/group? _____

The main trouble you have with your friends is: _____

In what areas do you feel peer pressure the most? _____

How do you usually respond to peer pressure? _____

What are your opinions about:

dating? _____

drugs? _____

drinking? _____

sex? _____

Do you think you are a problem at home? _____ How? _____

Do you think you are a problem at school? _____ How? _____

How do you feel about your school grades? _____

How do your parents feel about your school grades? _____

What family guidelines/rules have been set for you? _____

How do you feel about those guidelines? _____

Do you think they are clear? _____ If not, what do you think would help? _____

How are you disciplined at home? _____

Do you think it is fair? _____ If not, how do you wish it were different? _____

Do you have any additional responsibilities at home? _____ If yes, describe _____

Who do you have the most conflicts with? _____

Do you get your feelings hurt easily? _____ When? _____

Do you lose your temper easily? _____ When? _____

Do you have a really close friend? _____ Do you wish you had more friends? _____

What do you like to do with your friends? _____

What are your other hobbies and/or interests? _____

How do you feel your family communicates with each other? _____

What kinds of things does your family do together? _____

What kinds of things do you wish your family did together? _____

What do you like about your parent's relationship with each other? _____

What do you not like about your parent's relationship with each other? _____

Are you a member of a church? _____ Where? _____

How often do you attend? () weekly () monthly () seldom () never

Do you know Christ personally? () yes () no () unsure If yes, how did you become a Christian? _____

How has knowing God made a difference in your life? _____

What helps you grow closer to God? (i.e. prayer, Sunday school, Bible reading, etc.) _____

One reason your parents brought you here is: _____

Some of your concerns are: _____

Explain what you have attempted to do about these concerns? _____

How can we help? _____

The information given in this form is helpful to us and is considered confidential.