



# CRAFTSMAN COUNSELING

## Adolescent Intake Information

(to be completed by Parent/Guardian)

Client's Full Name: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Can mail be sent? Y N

Client's Phone Number: \_\_\_\_\_

Cell  Home  Work Can messages be left? Y N

Alternate Phone Number: \_\_\_\_\_

Cell  Home  Work Can messages be left? Y N

Email Address: \_\_\_\_\_

Can email be sent? Y N

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Number: \_\_\_\_\_

Please take the time to fill out this form in its entirety.  
 Your answers on the following pages will help me give your child the best possible care.

**Family Information**

Please list everyone living in the home with your child and other significant family members:

Name	Relationship	Age	Health Concerns	Comments
	Mother			
	Father			

**Medical Information**

From whom or where does your child get your medical care?

Clinic/Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Current medication:

Medication	Strength	Dosage	Length Taken	Side Effects

Significant medical problems and/or diagnoses?  Yes  No

If yes, provide the description of problem(s):

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Has your child ever been hospitalized for a mental illness?  Yes  No

If yes, provide the description of problem(s):

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School: \_\_\_\_\_

Grade? \_\_\_\_\_

Does your child like school?  Yes  No

If no, describe the your understanding for why they do not enjoy school (e.g., studying, social issues): \_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

What would you like accomplished with counseling? \_\_\_\_\_  
\_\_\_\_\_

What kind of obstacles could get in the way? \_\_\_\_\_  
\_\_\_\_\_

Has your child been in therapy before or received any prior professional assistance for your concerns? If so, please give dates of treatments and results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other information you would like to share that would help me work with your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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To the best of my knowledge, the information provided is accurate and true.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date