



CRAFTSMAN COUNSELING

Adolescent Information Form

To be completed by adolescent. Please answer all questions. Use the back to explain any answer. You will have a chance to explain any answer, as this will be used as a starting point in our first session.

Name: _____ Today's date: _____

Nickname/Name you want to be called: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Birth Date: _____ Age: _____ Gender: _____

Please enter complete e-mail address:

Does anyone else have access to your e-mail address? Yes No

Living Arrangement

Parents One Parent Different according to time Guardian

Parent's/Guardian's Names: _____

Where do you go to school? _____

Highest Grade Completed _____

Are you employed/where? _____ Do you enjoy your job? Yes No

Name of Church (If Applicable): _____

Did you participate in the decision to start counseling? Yes No

Previous History

Please describe what brings you to counseling at this time.

What do you hope to gain through counseling?

What have you already done to deal with the difficulties?

Have you had previous psychological counseling or psychiatric help? Please check all that apply.

Individual counseling

If yes, when and where did you receive counseling and what were the issues:

Group Counseling

If yes, when/where issues:

Hospitalization(s)

If yes, when/where issues:

List any medications and dosages you are currently taking:

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Please list any significant health problems for which you have been treated in the past and then place a check by those problems for which you are currently being treated:

List any serious or chronic illness, operations, or traumatic accidents you have had:

Are you currently, or have you at any time within the last 12 months been under the care of a physician? Yes No

If so, for what condition? _____

What are your biggest strengths? _____

Do you exercise? Yes No

How many times per week? _____ **For how long?** _____

Do you smoke cigarettes? Yes No **How many per day?** _____

Do you consume alcohol? Yes No

How many drinks per: Day _____ Week _____

Do you take any non-prescribed (recreational) drugs? Yes No

If yes, what and how often? _____

Interactions between client and counselor are confidential. Unless I have permission from you, what we talk about will be private; I will not discuss it with anyone else. Our discussion will be private and confidential, even if you don't mind your parents knowing about anything that we talk about.

There are four major exceptions to confidentiality the law requires all mental health professionals to report:

1. Incidences of child or elder abuse or neglect.
2. Intent to commit suicide.
3. Threats to do harm to yourself or another person.
4. Court order

Client (signature) _____ **Date** _____