

Sabine Boots, M.S., LMFT

Licensed Marriage & Family Therapist; Nutrition & Wellness Consultant

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Teen Information

Name : _____ Date of Birth: _____ School Grade: _____

Siblings: _____ DOB: _____ School Grade: _____

_____ DOB: _____ School Grade: _____

Name of Parent: _____ DOB: _____

Profession: _____

Spouse/Partner: _____ DOB: _____

Profession: _____

Mailing address:

Phone number home: _____ Cell: _____

E-mail address: _____

Is it OK to contact you via e-mail? Please initial: Yes _____, No _____

(due to the nature of the Internet safeguarding of information cannot be guaranteed by the therapist)

Referring source (physician/other): _____

Have you ever:

Seen a psychologist _____, counselor _____, psychiatrist _____, or been admitted to a psychiatric hospital?

If so, when and for what concerns?

Are you currently taking any medications? If yes, which:

Have you ever developed any health problems that required a hospital stay?

What are your sleep patterns?

Regular _____ interrupted sleep _____ difficulties going to sleep _____

sleep walking _____ Asleep during the day _____ nightmares/terrors _____ difficult to

wake up _____ On average, I sleep _____ hours per night

What are you most concerned about in your life right now?

Is there a history of depression and or suicide in your family? If yes, please explain:

Have you ever thought about or attempted suicide?

Do you want to loose, maintain, or gain weight?

Do you have a history of dieting?

Please, answer following questions using the numbers 1-5:
1=never, 2=rarely, 3=sometimes, 4=frequently, 5=almost always

1. I feel stressed at school. _____
2. It's easy for me to make friends. _____
3. I have difficulties with concentration. _____
4. I have disturbing thoughts in my mind. _____
5. I have bowel problems, such as constipation, diarrhea, and/or stomach cramps. _____
6. I experience headaches. _____
7. I feel depressed. _____
8. I have problems with my self-esteem. _____
9. I am worried about my family. _____
10. I have problems with my eating behavior. _____

Anything else you'd like me to know?
