**Power of Hope Counseling, LLC**

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Licensed Professional Counselor Phone Number: (203) 487-5963

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 **ADOLESCENT CLIENT INFORMATION**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May I leave you a message? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_**

**Briefly describe the issue that is brining you to counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Have you previously seen a counselor? If yes, what did you find most and least helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What would you like to see happen as a result of counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you drink alcohol? Daily Weekly Occasionally Rarely**

**Do you currently use Tobacco? Daily Weekly Occasionally Rarely**

**Do you smoke marijuana? Daily Weekly Occasionally Rarely**

**Do you use any other drugs? If yes, what drug and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are your parents married, domestic partners, or divorced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . If your**

**parents are divorced, whom do you primarily live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. How often do**

**you see the parent you aren’t living with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any family issues that are bothering you? If yes, please briefly describe to your comfort level. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Did you experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe only as much as you feel comfortable. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are you happy with how many friends you currently have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been bullied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are involved in any organized social activities? (e.g. sports, teams, music)**

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**Overall, do you like school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Favorite subject? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Least favorite subject? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you attend regularly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What are your current grades? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle all that apply to you currently or in the past:**

**SADNESS APPETITE CHANGES CRYING SOCIAL ISOLATION PARANOID THOUGHT**

**PROBLEMS AT HOME POOR CONCENTRATION HYPERACTIVITY INDECISIVENESS**

**BINGING/PURGING LOW ENERGY LONELINESS EXCESSIVE WORRY GRIEF**

**UNRESOLVED GUILT LOW SELF WORTH IRRITABILITY ANGER ISSUES**

 **GENDER IDENTITY CONCERNS SEXUAL IDENTITY CONCERNS DEPRESSION**

**SOCIAL ANXIETY HALLUCINATIONS RACING THOUGHTS PANIC ATTACKS**

**CUTTING/OTHER SELF HARM RESTLESSNESS IMPULSIVITY DRUG USE**

**NIGHTMARES ALCOHOL USE HOPELESSNESS EASILY DISTRACTED**

**ELEVATED/MANIC MOOD TRAUMA FLASHBACKS FREQUENT MOOD SWINGS**

**OBSESSIVE THOUGHTS DISORGANIZED SPIRITUAL CONCERNS ANOREXIA**

**SUICIDAL IDEATION FEELING ANXIOUS FEELING PANICKY SUICIDE ATTEMPT**