

Youth Intake Form

Client Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Background

Age: _____ Date of birth: _____

Who you live with... _____

Where you grew up... _____

Who you grew up with . . . _____

What you enjoy doing for fun... _____

Education

Current Grade in School: _____

Name of Current School: _____

Educational Background (schools attended): _____

Are you on an IEP? Yes No or 504? Yes No

What special classes or services are you receiving? _____

How satisfied or dissatisfied are you with your current coursework in school? _____

How satisfied or dissatisfied are your parents/guardians with your current coursework in school? _____

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Do you generally like school? _____

What classes do you like the most? _____

What classes do you like the least? _____

Personal History

Have you been given a mental health diagnosis? yes or no

If yes list it/them (AD/HD, Depression, Anxiety, etc.)? _____

Who made the diagnosis and when? _____

How long have you been aware of the symptoms that led to the diagnosis? _____

How comfortable are you with sharing and talking about your diagnosis with others
(close friends, family members)? _____

How much do you know about your diagnosis (how it is caused, how it affects people,
how it can be treated)? _____

Are you currently taking prescription medication Yes No

If so, list the medicines & for what conditions _____

Do you drink alcohol, and if so, how frequently? _____

Do you use recreational drugs? Yes No

If so, what type and how frequently? _____