

Confidential Adolescent Intake Form

Adolescent's Name _____ Date of Birth _____

Adolescent's Phone number (If Applicable) _____

Adolescents School and grade _____

Street, City and Zip Code _____

Home Phone _____

Parent/Guardian #1 Name _____

Address if Different from Above _____

Email Adress _____

Cell Phone Number _____

Profession _____ Employer _____

Parent/Guardian #2 Name _____

Address if Different from Above _____

Email Adress _____

Cell Phone Number _____

Profession _____ Employer _____

Step Parent or other Adult who serves as Caretaker

Name and Role _____

Address if Different from Above _____

Email Adress _____

Cell Phone Number _____

Profession _____ Employer _____

Name and Role _____

Address if Different from Above _____

Email Adress _____

Cell Phone Number _____

Profession _____ Employer _____

Siblings

Name _____ Age _____ School _____

Lives in same house? (circle one) Yes No

Name _____ Age _____ School _____

Lives in same house? (circle one) Yes No

Name _____ Age _____ School _____

Lives in same house? (circle one) Yes No
Name _____ Age _____ School _____

Lives in same house? (circle one) Yes No
Name _____ Age _____ School _____

Other Members of the household:

Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

Are Parents (please circle one)

Married Separated Divorced Cohabiting Widowed/Widower

Is Adolescent Adopted _____

Adolescent's Ethnicity _____ Religion, if Applicable _____

Reimbursement:

Would you like to receive a monthly statement that you can forward to your insurance company to request reimbursement? (circle one) YES NO

If yes, is its okay to email statements to you?

YES Please Specify email address _____

NO, I prefer you mail it, please specify address _____

Referral Source: How did you come to seek services with me?

Please briefly state the reason you are seeking help for the adolescent. Please note we can go over this in more detail in person or on the phone. _____
