



ID: \_\_\_\_\_

Day/Time: \_\_\_\_\_

**Adolescent Information Form**

Welcome to Trinity Family Counseling Services. To assist us in helping your child, please fill out this form as fully and openly as possible. All information is held in strictest confidence within legal limits. If certain questions do not apply to the child, please leave them blank.

Information supplied by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**IDENTIFYING INFORMATION**

Adolescent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Present Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Adolescent lives with: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

May we call you at your home? \_\_\_ Yes \_\_\_ No Leave Message \_\_\_ Yes \_\_\_ No

May we call you at work? \_\_\_ Yes \_\_\_ No Leave Message \_\_\_ Yes \_\_\_ No

May we call you on your cell? \_\_\_ Yes \_\_\_ No Leave Message \_\_\_ Yes \_\_\_ No

May we write you at your home? \_\_\_ Yes \_\_\_ No

Does the adolescent attend church regularly? \_\_\_ Yes \_\_\_ No

Is your child a born-again Christian? \_\_\_ Yes \_\_\_ No

**MAJOR CONCERNS**

Please describe your concerns about your adolescent and the reasons that you are seeking help.

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When were these difficulties first noticed? Please explain as fully as you can.

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List the adolescent's behaviors you would like to see changed.

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List his/her three greatest strengths

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List his/her three greatest weaknesses or needed areas of improvement.

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Briefly describe his/her ways of expressing the following:

Anger \_\_\_\_\_

Happiness \_\_\_\_\_

Sadness \_\_\_\_\_

Anxiety \_\_\_\_\_

#### BEHAVIORS OF CONCERN

Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- |                                   |           |            |               |                |
|-----------------------------------|-----------|------------|---------------|----------------|
| 1) Loses temper easily            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2) Argues with adults             | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3) Refuses adult's requests       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4) Deliberately annoys people     | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5) Blames others for own mistakes | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 6) Easily annoyed by others       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 7) Angry/Recently                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 8) Spiteful/Vindictive            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 9) Defiant                        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 10) Bullies/Teases Others         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 11) Initiates Fights              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 12) Inappropriately Uses a Weapon | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 13) Physically cruel to people    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 14) Physically cruel to animals   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 15) Stealing                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 16) Forced sexual activity        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |

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|--------------------------------------|-----------|------------|---------------|----------------|
| 17) Intentional arson                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 18) Burglary                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 19) "Cons" other people              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 20) Runs away from home              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 21) Truant at school                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 22) Doesn't pay attention to details | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 23) Several careless mistakes        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 24) Does not listen when spoken to   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 25) Doesn't finish chores/homework   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 26) Difficulty organizing tasks      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 27) Loses things                     | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 28) Easily distracted                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 29) Forgetful in daily activities    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 30) Fidgety/Squirmy                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 31) Difficulty remaining seated      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 32) Runs/climbs around excessively   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 33) Sexually Active                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 34) Hyperactive                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 35) Difficulty awaiting turn         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 36) Interrupts others                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 37) Problems pronouncing words       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 38) Poor grades in school            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 39) Expelled from school             | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 40) Drug abuse                       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 41) Alcohol Consumption              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 42) Depression                       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 43) Shy/Avoidant/Withdrawn           | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 44) Suicidal threats/attempts        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 45) Fatigued                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 46) Anxious/nervous                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 47) Excessive worry                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 48) Sleep disturbance                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 49) Panic attacks                    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 50) Mood shifts                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |

Is your adolescent currently on medications? \_\_\_ Yes \_\_\_ No

If so, please complete the following:

Medication	Dosage	Physician	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each of the behaviors noted above as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the adolescent's or other people's lives. Give examples. Use the back of this page if necessary.

BEHAVIORAL CONCERN

IMPACT ON ADOLESCENT OR OTHERS

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Has he/she had any previous professional assistance with the problems stated above? If so, please provide information.

What was the name of the counselor? \_\_\_\_\_

What were the dates of the counseling? \_\_\_\_\_

What were the results? \_\_\_\_\_