

ADOLESCENT INFORMATION FORM

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 _____ Nick Name _____

Date of Birth _____ Sex: M ___ F ___ Present Age _____

School Attending _____

Grade _____ Teacher _____

Adolescent lives with _____

Name of Parents/Guardians _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

May we call you at home? ___ Y ___ N Leave message? ___ Y ___ N

May we call you at work? ___ Y ___ N Leave message? ___ Y ___ N

May we write you at home? ___ Y ___ N

Does the adolescent attend church regularly? ___ Yes ___ No

If yes, which church does the adolescent attend? _____

What is the denomination of this church? _____

Is your child a born-again Christian? ___ Yes ___ No ___ Unsure

MAJOR CONCERNS

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

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

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

List his/her three greatest strengths.

- 1) _____
- 2) _____
- 3) _____

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

- 1) _____
- 2) _____
- 3) _____

Briefly describe his/her ways of expressing the following:

Anger _____

Happiness _____

Sadness _____

Anxiety _____

BEHAVIORS OF CONCERN

Please check how often the following behaviors occur.

- | | | | | |
|-----------------------------------|-----------|------------|---------------|----------------|
| 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) 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 |
| 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

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 needed.

| Behaviors of Concern | Impact on Adolescent or Others |
|----------------------|--------------------------------|
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Has he/she had any previous professional assistance with the problems stated here? If so, please provide information.

What was the name of the counselor? _____

What were the dates that he/she was seen? _____

What were the results? _____

Whom should we contact in case of emergency?

Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

**Thank you for choosing
Southcliff Baptist Counseling Center**