



Adolescent Intake Form

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Legal Guardian/: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Reason/s For Seeking Treatment

(current primary symptoms and behaviors, onset and duration, history of presenting problem)

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Prior Mental Health History:

(medication, interventions, suicidality, response to treatment, family history)

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Legal History/Substance Abuse History:

(child custody, family legal history, history of alcohol/drug use)

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Medical History:

Pediatrician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Exam: \_\_\_\_\_

(illness, allergies,  
accidents,  
head injuries, seizures,  
pregnancies, STDs,  
vaccinations, surgeries,  
hearing/vision, dental)

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School History:

(academic performance,  
attitude/behavior,  
strengths/weaknesses,  
suspensions,  
attendance)

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Developmental History:

Prenatal Care: \_\_\_\_\_ Term/Months: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Any major stressors during pregnancy:

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Developmental Milestones/Environmental Stressors:

Infancy (Birth-3):

Early Years (4-6):

Latency (6-11):

Adolescence (12+):

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Relevant Family History and Current Living Situation:

(family composition,  
family relationships,  
family strengths)