

**Adolescent Intake Form**  
**Military Integrative Therapies, LLC**  
**2106 Thoroughgood Rd**  
**Virginia Beach, VA 23455**  
**(757) 995-2196 Office**  
**(757) 995-2197 Fax**  
**Kelly Andrews MS, LPC, RPT**

**Licensed Professional Counselor, Art, Play and EMDR Therapist**

Please remember when filling out the information below, it is important that you include as much information as you can. The facts you provide will allow the therapist to help assess your child and can be seen as a road map to helping meet your child's needs.

Today's date: \_\_\_\_\_

Your Adolescent's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents/Guardian name(s): \_\_\_\_\_

\_\_\_\_\_

Phone no: \_\_\_\_\_ Is it safe to leave a message? Y/N

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

Street

\_\_\_\_\_

City

\_\_\_\_\_ Zip Code

Would you like an appointment reminder sent to your e-mail?  Yes  No

\_\_\_\_\_

E-mail

School name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Phone no: \_\_\_\_\_ Contact person: \_\_\_\_\_

\*Note I will not contact your child's school without written consent.

What's your son/daughter main difficulty that brought you to see me:

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Please explain how and when these problems began. Include when you first noticed the problem and how severe the problem has become.

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List your adolescent's strengths and limitations.

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Describe your adolescent's sleep pattern:

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Describe your adolescent's appetite and weight:

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Have there been any major changes since childhood in the above bodily functions? If so, please explain:

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How does your adolescent currently function – at home, school, social situations? Have you noticed a difference since childhood?

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What major stressors does your adolescent seem to have?

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How does this problem affect your adolescent and your family?

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How do you and your adolescent try to cope with these problems?

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Describe your adolescent before these problems began?

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Has your son/daughter received therapy before? Please give details as to when, where, by whom and results?

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Has your son/daughter received medication for emotional problems? If yes, please explain? Please include the doctor's information who prescribed the medication.

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Please explain your adolescent's medical history in detail: Physical health, any major illnesses, surgeries, allergies, any medical problems you are concerned about? Please list any medications your adolescent currently takes.

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Please explain your son/daughter personal development history: How was your child's birth, milestones, and please describe earlier childhood?

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Please list members of your family that currently reside in the home with your son/daughter. Include their names, ages, relationship, education, and occupation.

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Please describe your son/daughter relationship with parents/guardians.

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How is the parents'/guardians' relationship with each other?

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Please describe your son/daughter relationship with their siblings?

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Has there been any problem with your family such as dysfunction, abuse, divorce, health problems, emotional problems, and drug or alcohol abuse? If so, please explain.

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Currently does your family have any health problems, substance abuse, and mental or emotional problems?

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Has your son/daughter made statements of wanting to harm him/herself, or attempts to harm him/herself? If yes, please explain.

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How is your adolescent's functioning academically and socially in school?

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Does your son/daughter have friends? How does your adolescent get along with same sex and opposite sex children and adults?

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Please explain any abuse that may have occurred to your son/daughter or in your adolescent's presence such as physical, sexual or emotional abuse.

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Has your adolescent's or a family member experimented or abused drugs and/or alcohol? Please provide details.

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What are your son/daughters activities, interests or hobbies?

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Does religion or spirituality play an important role in your life? Describe?

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If your adolescent has an active duty parent that is deployed for any length of time, please describe your son/daughters behavior pre/during/post deployment.

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Please finish this sentence: If I could change one thing about my son/daughter it would be...

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Please finish this sentence: My adolescent currently needs help...

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Please finish this sentence: At the end of therapy I would like my son/daughter to...

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I attest that the above information is correct and completed to the best of my ability. I understand that this information remains confidential, unless I have signed a release of information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child/Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Kelly Andrews MS, LPC, RPT \_\_\_\_\_ Date \_\_\_\_\_