

**FAMILY CHRISTIAN COUNSELING**  
**3035 N.W. 63rd Street, Suite 202, Oklahoma City, OK 73116**

**CONFIDENTIAL**  
 Teen Intake Form

Date \_\_\_\_\_

Parents \_\_\_\_\_

**GENERAL INFORMATION**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Teacher or school counselor \_\_\_\_\_

I have lived at this address for \_\_\_\_\_ years.

I live with my: \_\_\_\_\_ real mother \_\_\_\_\_ real father

\_\_\_\_\_ step mother \_\_\_\_\_ step father

\_\_\_\_\_ other \_\_\_\_\_

Number of brothers \_\_\_\_\_ Ages \_\_\_\_\_

Number of sisters \_\_\_\_\_ Ages \_\_\_\_\_

Number of half or step brothers \_\_\_\_\_ Ages \_\_\_\_\_

Number of half or step sisters \_\_\_\_\_ Ages \_\_\_\_\_

Have you ever lived in another place? \_\_\_\_\_ If so, where and how long? \_\_\_\_\_

Have you ever been to a counselor? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

Who is your doctor? \_\_\_\_\_

When was the last time you saw him? \_\_\_\_\_

Why did you see him? \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Check the word(s) that best describe how you usually feel:

happy    depressed    angry    suicidal    frustrated    sad  
 anxious    satisfied    fearful    bitter    revengeful    hurt

Answer the following two questions for each feeling checked:

When do you usually feel this way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you usually do when you feel this way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you could change one thing about yourself, it would be: \_\_\_\_\_  
\_\_\_\_\_

Two things you like about yourself are: \_\_\_\_\_  
\_\_\_\_\_

If you could change two things at home, they would be: \_\_\_\_\_  
\_\_\_\_\_

The person who understands you best is: \_\_\_\_\_

Please evaluate the relationship between you and your parents. Check all answers that apply.

	Father	Mother	Step-father	Step-mother
Has the greatest influence on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually does the disciplining.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is away a great deal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is affectionate to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify with most.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have major conflicts with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most dominant personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The most difficult subject to discuss with your parents is: \_\_\_\_\_  
\_\_\_\_\_

What you want most out of life is: \_\_\_\_\_  
\_\_\_\_\_

What has been your greatest disappointment? \_\_\_\_\_  
\_\_\_\_\_

The main trouble you have with your parents is: \_\_\_\_\_  
\_\_\_\_\_

Do you dream? \_\_\_\_\_ Do you have nightmares? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you daydream? \_\_\_\_\_ What occupies your thoughts most? \_\_\_\_\_  
\_\_\_\_\_

What is the best thing that ever happened to you? \_\_\_\_\_  
\_\_\_\_\_

What is the worst thing that ever happened to you? \_\_\_\_\_  
\_\_\_\_\_

What kind of music do you listen to the most? \_\_\_\_\_  
Who is your favorite artist/group? \_\_\_\_\_

The main trouble you have with your friends is: \_\_\_\_\_  
\_\_\_\_\_

In what areas do you feel peer pressure the most? \_\_\_\_\_  
\_\_\_\_\_

How do you usually respond to peer pressure? \_\_\_\_\_  
\_\_\_\_\_

What are your opinions about:  
dating? \_\_\_\_\_  
drugs? \_\_\_\_\_  
drinking? \_\_\_\_\_  
sex? \_\_\_\_\_

Do you think you are a problem at home? \_\_\_\_\_ How? \_\_\_\_\_  
\_\_\_\_\_

Do you think you are a problem at school? \_\_\_\_\_ How? \_\_\_\_\_  
\_\_\_\_\_

How do you feel about your school grades? \_\_\_\_\_

How do your parents feel about your school grades? \_\_\_\_\_

What family guidelines/rules have been set for you? \_\_\_\_\_  
\_\_\_\_\_

How do you feel about those guidelines? \_\_\_\_\_

Do you think they are clear? \_\_\_\_\_ If not, what do you think would help? \_\_\_\_\_  
\_\_\_\_\_

How are you disciplined at home? \_\_\_\_\_  
\_\_\_\_\_

Do you think it is fair? \_\_\_\_\_ If not, how do you wish it were different? \_\_\_\_\_  
\_\_\_\_\_

Do you have any additional responsibilities at home? \_\_\_\_\_ If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Who do you have the most conflicts with? \_\_\_\_\_

Do you get your feelings hurt easily? \_\_\_\_\_ When? \_\_\_\_\_

Do you lose your temper easily? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a really close friend? \_\_\_\_\_ Do you wish you had more friends? \_\_\_\_\_

What do you like to do with your friends? \_\_\_\_\_

What are your other hobbies and/or interests? \_\_\_\_\_  
\_\_\_\_\_

How do you feel your family communicates with each other? \_\_\_\_\_  
\_\_\_\_\_

What kinds of things does your family do together? \_\_\_\_\_  
\_\_\_\_\_

What kinds of things do you wish your family did together? \_\_\_\_\_  
\_\_\_\_\_

What do you like about your parent's relationship with each other? \_\_\_\_\_  
\_\_\_\_\_

What do you not like about your parent's relationship with each other? \_\_\_\_\_  
\_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ Where? \_\_\_\_\_  
How often do you attend? ( ) weekly ( ) monthly ( ) seldom ( ) never  
Do you know Christ personally? ( ) yes ( ) no ( ) unsure If yes, how did you  
become a Christian? \_\_\_\_\_  
\_\_\_\_\_

How has knowing God made a difference in your life? \_\_\_\_\_  
\_\_\_\_\_

What helps you grow closer to God? (i.e. prayer, Sunday school, Bible reading, etc.) \_\_\_\_\_  
\_\_\_\_\_

One reason your parents brought you here is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some of your concerns are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain what you have attempted to do about these concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can we help? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information given in this form is helpful to us and is considered confidential.**