Adolescent Clinical Intake

Today's Date:_____

Name:_____ Preferred Name/Nickname:_____

Date of Birth:_____ Age:_____ Grade:_____

Life Stressors (Please note any life stressors that are *currently* affecting you):

- ☐ Moved
- ☐ Changed schools
- ☐ Harassment or bullying
- ☐ Serious illness or injury in family
- ☐ Family financial problems
- ☐ Job change in family
- ☐ Parent starting work outside home
- ☐ Limited support group
- ☐ Divorce or separation
- ☐ Brother/sister leaving home
- ☐ Legal problems
- ☐ School is difficult
- ☐ Parental conflict/family violence
- ☐ Housing inadequate
- ☐ Conflict with friends
- ☐ Poor relationship with parent(s)
- ☐ Difficulty with teacher(s)
- ☐ Rape/sexual assault
- ☐ Harassed on the Internet by peers or strangers
- ☐ Traumatic event (Please describe):_____

_____

Strengths

Place an 'X' by all of your strengths.

☐ Good at reading	☐ Good at math	☐ Confident	☐ Caring
☐ Tries hard at school	☐ Organized	☐ Wise	☐ Athletic
☐ Enthusiastic	☐ Good friend	☐ Helpful	☐ Nature enthusiast
☐ Trustworthy	☐ Positive	☐ Observant	☐ Considerate
☐ Good listener	☐ Adventurous	☐ Independent	☐ Appreciative
☐ Creative	☐ Good with animals		

☐ Other:_____

Current Activities or Interests: _____

_____

What skills would you like to build?

- ☐ Stress management
- ☐ Increase your ability to express your feelings
- ☐ Anxiety management
- ☐ Resolving conflict with others
- ☐ Managing homework
- ☐ Build self-esteem
- ☐ Build confidence in skills and abilities
- ☐ Improve decision-making skills
- ☐ Improve mood
- ☐ Better communication with parents
- ☐ Improve social skills
- ☐ Improve ability to cope with change
- ☐ Improve ability to deal with teachers
- ☐ Reduce/eliminate test anxiety
- ☐ Improve body image
- ☐ Improve anger management
- ☐ Setting boundaries with friends
- ☐ Other:_____

Current Symptoms

Instructions: Over the **past two weeks**, how often have you been bothered by any of the following symptoms?

0=Not at all 1=Several days in the past 2 weeks 2=More than half the days 3=Nearly everyday

Feeling down, depressed, irritable, or hopeless? ____
Little interest or pleasure in doing things? ____
Trouble falling asleep, staying asleep or sleeping too much? ____
Poor appetite or overeating? ____ (☐ increase ☐ decrease)
Feeling tired or having little energy? ____
Feeling bad about yourself or that you are a failure or have let yourself or family down? ____
Trouble concentrating on things, such as schoolwork, reading, or watching TV? ____
Moving or speaking so slowly that other people have noticed? ____
Being so fidgety or restless that you have been moving around more than usual? ____
Thoughts that you would be better off dead or of hurting yourself in some way? ____

Feeling nervous, anxious or on edge? ____
Worrying too much about different things? ____
Being so restless that it is hard to sit still? ____
Feeling afraid as if something awful might happen? ____
Not being able to stop or control the worry? ____
Trouble relaxing? ____
Becoming easily annoyed or irritable? ____

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes? ☐ No ☐ Yes

Has there been a time in the **past month** when you have had serious thoughts about ending your life?
☐ Yes ☐ No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
☐ Yes ☐ No

Please check any symptoms that you have been experiencing.

Group A

☐ having a plan for how to end your life
☐ low self-esteem
☐ lack of personal hygiene or grooming
☐ lack of motivation
☐ feelings of worthlessness
☐ grades have dropped
☐ socially isolating or avoiding others
☐ severe mood swings
☐ crying easily/frequently
☐ feelings of excessive/inappropriate guilt
☐ frequent anger or rage
☐ feeling lonely
☐ engaging in self-harming behavior ☐ cutting ☐ scratching ☐ burning ☐ other_____

Group B

☐ sudden, rapid mood swings
☐ excessive talking
☐ less need for rest or sleep
☐ the belief that it is okay for you to steal
☐ periods of extreme hyperactivity
☐ racing thoughts
☐ laughing at inappropriate times
☐ long episodes of rage
☐ feeling that you could teach the class better than the teacher

☐ severe and persistent irritability nearly every day
☐ engaging in risky behaviors (such as: reckless driving, unprotected sex, or alcohol/drugs use)

Group C

☐ excessive anxiety or worry
☐ excessive shyness
☐ being easily fatigued
☐ muscle tension
☐ lacking confidence in your abilities
☐ test anxiety
☐ it is difficult to control the worry or to shut it off
☐ irritability as a result of the worry
☐ need for perfection
☐ refusal to go to sleep without a parent figure nearby
☐ physical symptoms without a cause (headaches, stomachaches, nausea, diarrhea)

☐ panic attacks; how often? _____

Symptoms associated with panic attacks: (check all that apply)

☐ feelings of choking
☐ nausea or stomach upset
☐ numbness or tingling sensations
☐ fear of losing control or "going crazy"
☐ chest pain or discomfort
☐ hot or cold flashes
☐ feeling "unreal" or detached from self
☐ fear of dying
☐ having to go with others in order to feel comfortable
☐ considerable fear or anxiety about situations in which you think you may be judged (e.g. having a conversation; meeting new people)
☐ fear of being observed or seen by others
☐ fear of performing in front of others
☐ excessive and unreasonable fear of an object or situation: ☐ *getting shots* ☐ *vomiting* ☐ *bugs* ☐ *dark* ☐ *seeing blood* ☐ *other fears:* _____
☐ recurrent and bothersome thoughts, ideas or images that are unwanted and cause anxiety
☐ you have tried to ignore these thoughts or stop them with some other action, but can't stop
☐ repetitive behaviors that must be done or you feel anxious, such as: ☐ *hoarding* ☐ *checking* ☐ *organizing* ☐ *hand washing* ☐ *other compulsions*: _____
☐ repetitive mental acts that must be done or you feel anxious, such as: ☐ *praying* ☐ *counting* ☐ *repeating a word, phrase, or sound*
☐ needing to have things done a certain way you become very upset
☐ the obsessions are time-consuming
☐ obsessive thoughts urges or pictures in your mind that cause you significant distress or anxiety
☐ recurrent skin picking, resulting in sores
☐ recurrent pulling out of one's own hair, eyelashes, or eyebrows, resulting in hair loss

Group D

☐ often fidget with hands or feet, or squirm in seat
☐ often leave your seat in situations in which remaining seated is expected
☐ running or climbing in situations where that is inappropriate
☐ blurt out answers to questions before they have been completed
☐ talk excessively
☐ often interrupt or "butts in" to others' games
☐ often have difficulty waiting in line or taking turns
☐ difficulty doing tasks quietly
☐ very restless, as if "driven by a motor"

☐ easily distracted
☐ trouble listening to others
☐ tendency to want needs/desires met immediately
☐ often lose things necessary for tasks or activities (school assignments, pencils, books)
☐ seem disorganized; lose things needed for school
☐ act without considering the consequences
☐ often forgetful
☐ make careless mistakes on schoolwork or other activities/fail to pay attention to details
☐ often do not follow through on instructions

Group E

☐ often lose your temper
☐ often refuse to follow rules or adults' requests
☐ often deliberately do things to annoy others
☐ often blame others for mistakes/misbehavior
☐ often argue with parents or teachers
☐ often angry or resentful
☐ often spiteful or vindictive
☐ often touchy; easily annoyed by others

Group F

☐ often bully, threaten or intimidate others
☐ regularly skip school
☐ have deliberately destroyed others' property
☐ have been physically cruel to other people
☐ have set fires/dangerous play with fire
☐ have broken into someone else's house or car
☐ often lie or "con" others
☐ cruel to animals
☐ often start physical fights
☐ not sorry for hurting others
☐ have forced someone into sexual activity
☐ have run away overnight
☐ have stolen while confronting the victim
☐ have stolen small items without confronting the victim

Group G

☐ recurrent and upsetting thoughts of a past traumatic event (indicate event here:_____)
☐ recurrent distressing dreams of a past upsetting event
☐ a sense of reliving a past upsetting event
☐ a sense of panic or fear to events that resemble an upsetting past event
☐ spending effort avoiding thoughts or feelings associated with a past trauma
☐ inability to recall an important aspect of a past upsetting event
☐ persistent avoidance of activities or situations that cause you to remember a past upsetting event
☐ marked decreased interest in important activities
☐ feeling detached or distant from others
☐ feeling numb or restricted in your feelings
☐ feeling that your future is shortened
☐ quick startle response
☐ feeling like you are always watching for bad things to happen
☐ when recalling the trauma you tend to put the events in the wrong sequence of events
☐ you believe that there were warning signs predicting the trauma and that if you are aware enough you can recognize warning signs to avoid future trauma.

Group H

☐ restriction of food intake that leads to a less-than-normal body weight
☐ intense fear of gaining weight or of becoming fat even though you are at a significantly low weight
☐ engaging in persistent behaviors that interfere with weight gain
☐ persistent over-concern with body shape and weight
☐ lack of recognition of the seriousness of the current low body weight
☐ recurrent episodes of binge eating large amounts of food
☐ eating, in a certain time frame, larger amounts of food than most people would eat in the same amount of time
☐ a sense of a lack of control over eating during the episode
☐ engaging in self-induced vomiting
☐ the misuse of laxatives, water pills, strict dieting or excessive exercise

Group I

☐ heterosexual
☐ cisgender
☐ gay
☐ lesbian
☐ bisexual
☐ questioning
☐ pansexual
☐ asexual
☐ non-binary (preferred pronoun:_____)
☐ gender dysphoria
☐ transgender (preferred pronoun:_____)
☐ transitioning
☐ post-transition

Group J

☐ feel you have a lot of friends
☐ some friends
☐ no friends
☐ difficulty making friends
☐ difficulty keeping friends
☐ poor choice of friends
☐ online friends

Do you think you may have an addiction to your phone, the Internet, or video gaming? ☐ No ☐ Yes

Do you think you may be addicted to pornography? ☐ No ☐ Yes

Have you ever ***witnessed*** any ☐ physical, ☐ emotional, or ☐ sexual abuse?

Have you ever ***experienced*** any ☐ physical ☐ emotional, or ☐ sexual abuse?

Current Use of Alcohol/Drugs

Do you vape or use e-cigs? ☐ Yes ☐ No If yes, how many times a day?_____

Do you smoke cigarettes? ☐ Yes ☐ No If yes, how many cigarettes a day?_____

Have you ever used alcohol, even on one occasion? ☐ Yes ☐ No
If yes, please indicate how often_____

Have you ever used alcohol to the point of being drunk? ☐ Yes ☐ No
If yes, please indicate how often_____

Have you ever used some form of an illegal drug (such as marijuana, meth, K2/spice, bath salts, ecstasy/Molly, cocaine, etc.) even on one occasion? ☐ Yes ☐ No
If yes, please specify the drug(s) used, and how often_____
_____

Have you ever used CBD in some form? ☐ Yes ☐ No If yes, how often?_____

Have you ever used Delta 8? ☐ Yes ☐ No If yes, how often?_____

Have you ever used, even on one occasion, a prescription medication for the purpose of getting high?
☐ Yes ☐ No
If yes, please specify the type of drug and how often_____

If you answered yes to having used alcohol and/or drugs, even on one occasion, please answer the following:

Have you used more than one chemical at the same time in order to get high? ☐ Yes ☐ No

Do you avoid family activities so you can use? ☐ Yes ☐ No

Do you find yourself often thinking and planning how to get drugs or alcohol to be able to use? ☐ Yes ☐ No

Do you have a group of friends that use? ☐ Yes ☐ No

Do you use to improve your emotions such as when you feel sad or depressed? ☐ Yes ☐ No

Do you use to feel more social and outgoing? ☐ Yes ☐ No

Have you ever tried to stop using and found yourself unable to stop? ☐ Yes ☐ No