Connection Counseling Center
Adolescent Information form

1. Who scheduled this appointment and what were you told about coming?
   _____
   _____
   _____

2. Check any of the following statements that apply to you:
   ____ I don't want to be here.
   ____ Coming to see a counselor is not my idea, but I am willing to give it a try.
   ____ I realize I am having a hard time and am ready to get some help.
   ____ I don't mind being here, but I don't see the point of seeing a counselor.

3. If you could change one think in your life that you think might help you, what would you want to be different?
   _____
   _____
   _____

4. I believe that I am having a hard time with (check any which apply):

   ____ Getting along with friends
   ____ Getting my work done for school
   ____ Feeling depressed
   ____ My parents being overly strict
   ____ Using alcohol and/or drugs
   ____ Knowing what to do about something that has happened to me
   ____ Feeling worthless
   ____ Feeling really angry
   ____ Losing my temper and going off on others
   ____ Being afraid when I am alone
   ____ Thoughts about hurting myself
   ____ Feeling uptight and irritable

5. Identify how many hours each week you spend doing the following activities:

a. Studying/homework for school _____
b. Paid job _____
c. Chores around the house _____
d. Practicing and playing sports _____
e. Hanging out with friends _____
f. Music, dance practice/lessons _____
g. Church activities _____
h. Spending time on the computer _____
i. Playing video games _____
j. Watching TV _____
k. Listening to music _____
l. Going out with friends _____
m. Sleeping _____

6. School information:

a. Current grade level in school _____
b. Grades from last report card:
Math _____ English/Language Arts _____ Arts _____ Science _____
Social Studies/History _____ Other: _____
c. Identify any special help you receive to get you through your classes:
_____
_____
d. Identify any special honors or awards you have received through school:
_____
_____

7. Family
a. I am adopted: Yes___ No___
b. I live with: _____
c. Brothers and sisters and their ages:
_____ _____
_____ _____
_____ _____
_____ _____
d. My parents are: Married ____ Divorced ____ Never Married ____
Remarried ____
e. The person I feel closest to in my family is: _____
f. The person in my family I most want to get along with better: _____
g. During mealtime:
_____ My family eats together and generally gets along.
_____ We eat together and argue.
_____ We don't usually eat together.
_____ Everyone is quiet.

During your first meeting with the counselor, you might want to ask questions or share something which is important to you. Sometimes teens want to know about confidentiality and what will be shared with parents. It is okay to bring up questions about counseling and what the counselor might do to help you.

Thank you for sharing the information on this form.

_____ _____

(Signature) Date