

YOUR BEST LIFE NOW COUNSELING
1122 S. Dixie Highway
Radcliff KY 40160
270-307-0111
www.joshuasfriends.org

YOUTH-COUNSELEE INTAKE FORM

Date _____

Name _____

DOB _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____ Home _____

Employer/School _____

Occupation/Studying _____

Emergency contact information

Legal Guardian/Parent Information

Name _____

DOB _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____ Home _____

Employer/School _____

Occupation/Studying _____

Additional Legal Guardian/Parent Information

Name _____

DOB _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____ Home _____

Employer/School _____

Occupation/Studying _____

Referral Information

How did you hear about my services?

Please mark the option that applies:

Internet

Referral from a friend or family member

School staff

Another mental health professional

Other, please specify

Family Information

With whom does the youth currently live? _____

	First Name	How frequently does the youth see this person?	How does the youth get along with this person?
Parent/Guardian			
Parent/Guardian			
Step parents			
Grandparents			
Uncles/Aunts			
Brothers			
Sisters			

Is there a family history of: (Circle all that apply)

Depression Suicide Attempts Anxiety Eating Disorders Mental Illness

Violence Sexual Abuse Emotional Abuse Alcoholism/Drug Addiction

Chronic Illness

Other, please specify

Have there been recent changes in any of the following areas?

(Circle all that apply)

Sleep Behaviors Amount of Exercise Sexual Behavior

Eating/Appetite Weight

Substance Use

Tobacco

Does the youth smoke? Yes _____ No _____

Has the youth smoked in the past? Yes _____ No _____

If yes – Cigarettes/Day _____ Begun at what age? _____

If youth no longer smokes when did he/she quit? _____

Alcohol

Does the youth consume alcohol? Yes ____ No ____

If so, how much:

Less than 1x/month _____ 1-3x month _____ 1x week _____ Several x's a week _____

Every day _____

Check all that apply: Beer _____ Wine _____ Hard Liquor _____

Drug

Do you use any street drugs or misuse prescription drugs? Yes _____ No _____

If yes, list as follows:

Name of Drug

Frequency of use

1. _____

2. _____

Counseling Information

Please describe the main concerns that prompted your family to seek counseling?

How have these concerns evolved over time?

Please indicate what major stressors the youth has had in the last 12 months

Serious illness or injury Death of a Close Friend or Family Member
Major Illness in Family Gain of New Family Member Job Change
Divorce/Separation Other _____

What you would like to be different in your family or with the youth when counseling ends?

Has the youth ever received psychological or psychiatric counseling before?

Yes _____ No _____

If so, please describe when, from whom, purpose and results

Has the youth ever been prescribed medication for psychiatric or emotional problems? Yes _____ No _____

If so, please describe when, prescribing clinician, what medication, for what, and the results _____

Has the youth ever been hospitalized for a psychiatric or emotional health reason? Yes _____ No _____

If so, please describe when, where, for what reason, and the results

Has the youth been in a drug or alcohol program? Yes _____ No _____

If yes, how many times _____

If so: When _____ Inpatient _____ Outpatient _____ How Long _____

Outcome _____

Please indicate if the youth has experienced any current or past issues in the following areas:

Physical, Sexual or Emotional Abuse

Harming self

Violent behaviors

Mental Illness of Family Member

Legal Problems

Suicidal thoughts or behaviors

Witnessing domestic violence

Please list the first names of the youth's significant friends and indicate how long they have had these relationships

First Name How Long How often does the youth see this person

Spiritual Resources

How significant a role does spirituality play in the youth's life?

None _____ Somewhat important _____ Significant _____ Very Significant _____

Other

Is there anything else you think I should know about prior to beginning counseling with the youth?

Thank you for your time. Our staff is looking forward to helping you.