



## **Adolescent Questionnaire**

**Thank you for your time and effort in completing these forms. They provide very valuable information for your therapy. We want to provide excellence in your counseling experience. Your information will be kept private and confidential.**

Date:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	DOB:	School/Grade:
Name:			Current Grades:	
Parent's Name: M:			F:	
Please tell us about your family: My parents are: <input type="checkbox"/> married <input type="checkbox"/> divorced				
If your parents are divorced, who do you live with:				
How often do you see your other parent?				
Please give us names and ages of any brothers/sisters you have.				
Please tell us about your relationship with:				
Mother:				
Father:				
Step-Mother:				
Step-Father:				



## Adolescent Questionnaire

Please tell us some things you enjoy doing (hobbies, video games, music, art, time with friends, etc.)


Please tell us a little about why you are coming to counseling? Describe any problems you are having and list any question you would like answered.


Please check any item which identifies a problem area you may be having:

<input type="checkbox"/> Anger/Temper	<input type="checkbox"/> Depression	<input type="checkbox"/> Worry	<input type="checkbox"/> Stress
<input type="checkbox"/> Fears	<input type="checkbox"/> Religious/spiritual	<input type="checkbox"/> School	<input type="checkbox"/> Job
<input type="checkbox"/> Thoughts of suicide	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Friends	<input type="checkbox"/> Alcohol/Drugs
<input type="checkbox"/> Future	<input type="checkbox"/> Weight	<input type="checkbox"/> Focus	<input type="checkbox"/> Other
Problems with :	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-father
<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Boyfriend/Girlfriend	



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**Thank you so much for completing these forms. We want your therapy process to be successful. Thank you for choosing and trusting Eagle Consulting to make a difference in your life!**

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