

# Tracey Galgoci Counseling, PLLC

## Teen Intake

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*Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used by your counselor to assist you.*

Client Name \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

### Parents(s)/Guardian(s)

Names(s) \_\_\_\_\_

Address(es) if different from your own \_\_\_\_\_

Mom Phone \_\_\_\_\_ Dad Phone \_\_\_\_\_

Occupations \_\_\_\_\_

Are your parents

Married  Separated  Divorced  Passed away

How would you describe your current home life?  very stable  somewhat stable  
 about average  we struggle more than others  we always struggle

How would you describe your relationship with your mom?

\_\_\_\_\_

How would you describe your relationship with your dad?

\_\_\_\_\_

### Family Information

If your parents are not together, are either of them remarried or living with a boyfriend/girlfriend

Please list the name, gender, age and grade of your brothers and sisters.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

How do you get along with each of your siblings? \_\_\_\_\_

### School Information

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

Favorite subject \_\_\_\_\_ Least favorite subject \_\_\_\_\_

What do you want to do after High School? \_\_\_\_\_

**Religion (Optional)**

Do you or your family go to a church? Which One? \_\_\_\_\_

**Health Information**

Name of Doctor \_\_\_\_\_

Do you have any illness at this time? (If yes, what?) \_\_\_\_\_

Have you ever been in a hospital for any reason? (Why?) \_\_\_\_\_

How are you sleeping lately? \_\_\_\_\_

How is your appetite? \_\_\_\_\_

Have you ever had any crises or lost anyone or anything close to you? (Tell about this.)

\_\_\_\_\_

Names of any medicine (including birth control pills) you are taking:

\_\_\_\_\_

**Psychological Information**

Have you ever been to a counselor before?  Yes  No

Why did you see a counselor? \_\_\_\_\_

Have you ever thought about or attempted suicide? \_\_\_\_\_

**Social Information**

Sexual Orientation  Heterosexual  Gay  Lesbian  Bisexual  Transgender

Are you dating a boyfriend/girlfriend?  Yes  No

Are you sexually active?  Yes  No

Do you have one or more close friends?  Yes  No

Have you ever bullied other students?  Yes  No

Have you ever been bullied yourself?  Yes  No

How often do you smoke cigarettes or use tobacco?  not at all  less than once a month   
less than once a week  more than once a week  at least once a day

How often do you use alcohol or drugs?  not at all  less than once a month  less than  
once a week  more than once a week  at least once a day

**Activities**

What do you like to do for fun? \_\_\_\_\_

List any sports teams, groups, clubs or organizations that you belong to:

\_\_\_\_\_

Do you have a job? \_\_\_\_\_

What other activities fill up your time? \_\_\_\_\_

**Psychological Information**

Important questions for you and your counselor to talk about:

Who suggested you come to counseling? \_\_\_\_\_

What concerns do you want to talk about? \_\_\_\_\_

\_\_\_\_\_

What would you like to see happen as a result of coming here?

\_\_\_\_\_

My greatest fear is \_\_\_\_\_

My greatest hope is \_\_\_\_\_

My greatest role model is \_\_\_\_\_

Describe your life as a child (*Circle one*)

*very happy   happy   average   unhappy   very unhappy*

Describe your life as a teenager (*Circle one*)

*very happy   happy   average   unhappy   very unhappy*

Describe your life in the last six months (*Circle one*)

*very happy   happy   average   unhappy   very unhappy*

Is there anything else your counsellor should know about you?