

FRESH HOPE COUNSELLING LTD.

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INTAKE FORM FOR PARENT OF TEEN

Completion of this form assists us in working with your teen providing us with a picture of his/her development to date. This document is protected by the constraints of individual treatment and standards re: confidentiality.

Parent/Guardian's Name: _____

Child's Full Name: _____

Address: _____ City, Prov. _____

E-mail Address: _____

Phone: (H) _____ (C) _____ Their birth date: _____

Status of Child (Circle One): Biological Step Adopted Other: _____

Present Marital Status: Single Married Common-law Separated Divorced Widowed

In instances where parents are separated or divorced, we require a copy of the custody agreement. If custody is shared, we also require written consent for counselling from both parents.

Do you have sole legal custody of your child? Yes _____ No _____

Who may we thank for referring you to Fresh Hope? _____

Religious affiliation (if applicable): _____

Please give the following information about who lives with you:

Name	Relationship to you	Sex	Age

Do any of your children have an special concerns or issues? _____

Has your teen had previous counselling? Yes _____ No _____ When? _____

What is teen's current state of physical health? Poor Fair Good Excellent

Please identify any health problems they have: _____

Check any problems your teen has been experiencing or changes in (especially within the last four weeks):

- _____ Stomach aches _____ Appetite change _____ Weight gain _____ Weight loss _____ Slight
_____ Allergies _____ Dizziness _____ Diarrhea _____ Constipation _____ Anxiety
_____ Coughing _____ Speech changes _____ Nose bleeds _____ Headaches _____ Fever
_____ Nervousness _____ Nausea _____ Bed wetting _____ Trouble breathing
_____ Can't get to sleep _____ Can't stay asleep _____ Sleeping too much/too little (circle)

Any hospitalizations? Yes _____ No _____ Length of stay & reasons _____

Is your teen on any medication? If so, please list and what for _____

When was the last physical exam with family doctor _____

EDUCATIONAL HISTORY

Has your teen ever repeated a grade? If so, which one? _____

How many schools has your teen attended to date? _____

Has your teen ever required an aid or tutor? _____

Has your teen ever had a psycho-educational assessment? Yes _____ No _____ When? _____

What were the findings? _____

SOCIALIZATION

Does your teen find it easy or difficult to make friends (Circle one)

Has your teen been bullied? Yes _____ No _____ When _____

Has your teen been a bully? Yes _____ No _____ When _____

Has your teen ever expressed thoughts about harming his/herself? Yes _____ No _____ Details: _____

Is there a history of any of the following in your family (immediate & extended): Circle/mark all that apply:

depression bi-polar alcoholism drug abuse sexual abuse schizophrenia
suicide eating disorder physical abuse psychiatric illness rape
gambling ADHD/ADD untimely death other: _____

Is there any other family information that you believe would be helpful for us to know? _____

IMMEDIATE CONCERNS

What brings you in for counselling? _____

When did the problem(s) begin as far as you know? _____

Who is aware of the problem(s)? _____

Are there any significant changes in the home and/or in the child's life that have happened in the last year or two?

What would you like to see happen as a result of coming for help? _____

Anything else you want to share with us? _____
