

FRESH HOPE COUNSELLING LTD.

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INTAKE FORM - TEEN

Please fill out this form as thoroughly as possible. The information is confidential and will be used by your Counsellor to assist you. Please use the reverse side of the last page if you need more space.

Name: _____

Address: _____ City, Prov. _____

E-mail Address: _____

Best Phone Number: (H) _____ (C) _____

Birth date: _____ Grade in School if Applicable _____

Who lives with you in your home?

Name	Relationship to you	Sex	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENTS/GUARDIANS AND FAMILY INFORMATION

Names: _____

Phone Numbers (if not the same as above) _____

Occupations: _____

Are your parents: (Please check or mark)

Married and living together _____ Separated _____ Living together common-law _____

Divorced _____ Passed away (Mom/ Dad/ Both) _____

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

Mom: No _____ Yes _____ Remarried _____ Living Together _____

Dad: No _____ Yes _____ Remarried _____ Living Together _____

Are you living with parents? _____ Relatives _____ Foster parents _____

SCHOOL INFORMATION

Name of school: _____ Grade _____

Have you ever repeated a grade? Yes _____ No _____ If yes, which grade(s)? _____

FRIENDS— Do you have a boyfriend/girlfriend presently? Yes _____ No _____

Do you have one or more close friends? Yes _____ No _____

How do you get along with students in your school? Great _____ Good _____ It's OK _____ Pretty badly _____

Is there anyone who really hates you? Yes _____ No _____ Anyone you really hate? Yes _____ No _____

ACTIVITIES — What do you like to do for fun _____

List any groups, clubs or after school things you are involved in _____

Do you have a job? Yes _____ No _____ Where/what do you do? _____

Have you ever experienced any of the following at school or home? Please circle or mark.

- | | | | |
|----------------|-----------------------|-------------------|-------------|
| fighting | lack of friends | drug/alcohol use | detention |
| suspension | learning disabilities | poor attendance | poor grades |
| gang influence | incomplete homework | behavior problems | bullying |

HEALTH INFORMATION — Do you have any illness/health problem right now? Yes _____ No _____ (If yes, what) _____

Have you ever had to stay in hospital overnight? Yes _____ No _____ (Why?) _____

How has your sleep been? Good _____ Bad _____ Hard to get to sleep _____ Sleep but wake up lots _____

How is your appetite? (please check) Hardly eating _____ Eating a lot _____

Eating way more than usual _____ Eating when not hungry _____

Have you ever had something really bad happen or lost anyone or anything close to you? Yes _____ No _____

(Tell about this) _____

Last visit to the doctor — When? _____ What for? _____

Are you taking medication now? Yes _____ No _____ If yes, why _____

Names of medication (including birth control pills) you are taking _____

Have you experienced any of the following medical problems? (Circle all that apply)

A serious accident	Hospitalization	Surgery	A head injury
High fever	Convulsions/seizures	Eye/ear problems	Meningitis
Hearing problems	Allergies	Loss of consciousness	Asthma
IBS/Crohn's Disease	Cutting/Self Injury	Other _____	

Do you smoke cigarettes? Yes _____ No _____

Are you sexually active? Yes _____ No _____

Do you consume alcohol or illicit drugs? Yes _____ No _____ If yes, what and how often? (This is confidential)

Do you ever have suicidal thoughts?

Never Once in a while Sometimes Frequently Often A lot

PSYCHOLOGICAL INFORMATION — Have you ever been to a counsellor before? Yes _____ No _____

When? _____ Who did you go to? _____

What concerns did you talk about? _____

How did you find it helpful? _____

IMPORTANT INFORMATION FOR YOU AND THE COUNSELLOR TO KNOW

Are you here because you want to be here? Yes _____ No _____

Are you here because your parents want you to be here? Yes _____ No _____

Who suggested you come to Fresh Hope Counselling? _____

What concerns do you want to talk about? _____

Who knows about this problem(s)? _____

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

Describe your life as a child (mark one)

very happy _____ happy _____ average _____ unhappy _____ very unhappy _____

Describe your life as a teenager (mark one)

very happy _____ happy _____ average _____ unhappy _____ very unhappy _____

Describe your life in the last six months (mark one)

very happy _____ happy _____ average _____ unhappy _____ very unhappy _____

OTHER

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

RELIGION/FAITH (OPTIONAL)

Do you or your family go to a church? Yes _____ No _____ Which one? _____

Do you want to have your faith included in the counselling? _____

ADDITIONAL COMMENTS
