

Counseling Intake Form for Adolescent

Adolescent's Details:

Name: _____

Age: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____

Contact Number: _____

Presenting Concerns:

Emotional Challenges

Behavioral Issues

Peer Relationships

Academic Performance

Other: _____

Self-Reported Feelings (Check all that apply):

Anxiety

Sadness

Anger

Stress

Other: _____

Medical and Counseling History:

Chronic Conditions: _____

Medications: _____

Previous Counseling: Yes No

Session Goals:

1. _____

2. _____

3. _____

Emotional Assessment Table:

Emotion	Frequency (Daily/Weekly)	Intensity (Mild/Moderate/Severe)	Notes

Consent for Services:

I consent to participate in counseling sessions and understand the terms.

Signatures:

Adolescent: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Counselor: _____ **Date:** _____