HOPEWORKS

ADOLESCENT INTAKE

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Who are you presently living with? _____

School: _____ Grade: _____

Hobbies: _____

Job: _____

Do you believe in God? ❑ Yes ❑ No What is your present religious preference? _____

What concerns have brought you to counseling today? _____

PROBLEMS CHECKLIST

Please Rate Each Issue With a Number: **1** = Major Problem **2** = Sometimes a Problem **3** = Never a Problem

_____ Feeling accepted by my peers

_____ Learning how to trust others

_____ Feeling bad about the way I look/my body

_____ Getting along with my parents or other family members

_____ Getting a clear sense of what I value

_____ Worrying about whether I'm normal

_____ Dealing with sexual feelings and/or problems

_____ Excessive worry or anxiety

_____ Trying to decide on a career

_____ Never eating/eating too much and vomiting to control weight

_____ Dealing with my alcohol or drug abuse

_____ Dealing with problems at school

_____ Dealing with how I feel about myself

Are there any other problems or concerns you would like to address? _____