

JESSICA ANNE DEEB, LCSW, LLC

ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name: _____

(For Parent/Guardian to fill out)

Date: _____ Name: _____

Bio Mother's Name: _____

Bio Father's Name: _____

Gaurdian/Step-parent's Name: _____

Guardian/Step-Parent's Name: _____

Street: _____ Apt/Bldg: _____

City: _____ State: _____ Zip: _____

Parent Cell Phone: _____ OK to leave message? _____

Adolescent Cell Phone: _____ OK to leave message? _____

Home Phone: _____ OK to leave message? _____

Work Phone: _____ OK to leave a message? _____

E-mail: _____ DOB: _____ Age: _____

Social Security Number: _____ Race: _____

Adolescent's Driver's License Number: _____

Emergency Contact (Name/Number): _____

Emergency Contact (Name/Number): _____

PCP: _____ Telephone Number: _____

Jessica Anne Deeb, LCSW

Date

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name:

Other Current Medical Professionals

(Psychiatrists, Psychologists, Counselors, Support Groups, etc.): Telephone Number:

Reason for counseling/How long has this been an issue:

MEDICAL HISTORY

Complications during pregnancy/birth:

Developmental History:

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name:

List any serious illnesses with approximate dates:

List major surgical operations with approximate dates

Are you currently being treated for any physical illnesses?

Describe any physical handicaps or physical ailments:

Allergies:

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name:

Current Medications:

Rx	Prescribed by	Date	Amount	Times taken per day	Outcome

PARENTING

Custody situation:

Methods of discipline:

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name: _____

Effectiveness:

EDUCATION

School: _____ Grade: _____

Special Needs/Classes: _____

Academic Initiative:

School referrals/interventions for misbehavior/concerns:

Strengths:

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name: _____

Any discontinued pregnancies? _____ How many full term pregnancies? _____

Relationship History:

Names of Select Important Previous Partners	Length of Relationship	Why ended

Plans after high school:

Relationship to Peers (Ex: Do you have close friends?):

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONAIRE Name: _____

Drug/Alcohol/Tobacco History:

Religion/Spirituality: _____

QUESTIONS

What are some things you would like to be different in your life? Once written, number each starting from #1 - with #1 as most important to least important.

(continued on next page)

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ADOLESCENT CONFIDENTIAL INTAKE QUESTIONNAIRE Name:

What are some things you do that get in the way of making positive changes?

How many hours of sleep do you normally get? How many do you need?

How is your appetite?

Activities/Interests:

Strengths:

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