Amy E. Brown, MS, CADC, LPC, CCTP
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Adolescent Client Therapy Intake

Please type or print neatly -add additional pages as needed

Date:
Date of appointment:
Name:
DOB/age:
Identified gender/preferred pronouns:

What do you hope to work on in therapy?
Please list any previous counseling experiences:

Medical history

Do you have any food or drug allergies?

Have you had any significant injuries, surgeries, illnesses?

Do you have chronic pain or chronic illnesses?

Please list all current medications:

Developmental history

Did your birth mother experience any problems while pregnant with you or during/after delivery?

Did you achieve major milestones on time (walking, talking, potty training, etc.)?

Did you receive any early intervention therapies (speech, physical, occupational)?

Family background

Where were you born and raised?
Who was in your home growing up?
Are you adopted? If so, please describe what you know about your birth parent(s)
Were you raised in any particular religion/are you practicing now?
Were any of your parents or grandparents born outside of the US?
Where and with whom do you currently live?
What is the cultural and ethnic background of your family?
Have any of your blood relatives attempted or completed suicide?
Do any of your blood relatives have a history of mental health/ substance use issues?

Parents/stepparents

Name/gender	Age/occupation	Quality of relationship

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Siblings

Name/gender	Age/grade or job	Quality of relationship

Education
Highest grade completed and usual grades:
Are/were you involved with band, sports, or other activities at school?
Do/did you get into trouble at school for behavioral or attendance issues?
Do/did you have an IEP or 504 plans?
Do you have a learning difference or ADHD?
What do you like best about school? Least?

Employment
Do you have a job/volunteer position?
How long have you worked there?
How many hours do you work each week?
Please briefly describe your job responsibilities:

Other stuff:
What are your interests?
How do you relax?
How do you manage stress?
Do you have any concerns about your alcohol or drug use?
Do you feel safe at home?
Do you feel as though you have enough friends?
Who can you talk to when you're stressed?
Do you have any problematic relationships?
Are your friends or family supportive of therapy?

Last one!
Anything you'd like to add?

Please email all completed forms at least 24-hours before our appointment:amyebrown.lpc@gmail.com.
Thanks so much for your time!