

DR. DEBBIE CARLE'S ADOLESCENT PAPERWORK TO BE COMPLETED BY ADOLESCENT

Name_____	Age_____	Birthday_____	Gender_____
Name of School_____	Grade Level_____		

Briefly describe your main concern _____

Current stressors (*describe how the following areas are stressful*)

Parents _____
Brothers/Sisters _____
School _____
Work _____
Friends/Social _____
Spiritual _____
Sexual _____
Other _____

On the scale below, rate how strongly you want to change your present problem

(*do not want to change*) 1 2 3 4 5 6 7 8 9 10 (*desperately desire change*)

Identify any *specific* concerns or anxieties you have about counseling _____

What are your *specific* goals for counseling? _____

Previous experience with counseling: ___No ___Yes When? _____ By whom? _____

How helpful was previous counseling? _____

Current symptoms (*Please circle any that apply to you*):

Headaches, dizziness, fainting spells, nervousness, stomach trouble, no appetite, bowel disturbances, recent weight gain, recent weight loss, fatigue, sleep disturbances, racing thoughts, nightmares, alcoholism, drugs, take sedatives, don't like weekends and vacations, feel lonely, feel depressed, unable to have a good time, suicidal thoughts/feelings, shy with people, can't make friends, unable to relax, over-ambitious, can't make decisions, persistent fears, financial concerns, sexual concerns, recurrent troubling thoughts, bad home conditions, inferiority feelings, (other) _____

FAMILY BACKGROUND

Father's name _____ If deceased, date and cause _____

Age _____ Occupation _____ Education level _____ Health _____

Describe his personality, attitude and relationship to you, past and present _____

Mother's name _____ If deceased, date and cause _____

Age _____ Occupation _____ Education level _____ Health _____

Describe her personality, attitude and relationship to you, past and present _____

Parents' marital status _____ Briefly describe your parents' marriage _____

How do they handle conflict in their relationship? _____

If divorced, when did it occur and what was your reaction to it? _____

If one or both parents remarried, give date(s) and your reaction _____

Step-mother's name _____ Age _____ Occupation _____

Education level _____ Health _____ Describe her personality, attitude and relationship to you,

Past and present _____

Step-father's name _____ Age _____ Occupation _____

Education level _____ Health _____ Describe his personality, attitude and relationship to you,

past and present _____

If you were not raised by your parents, who raised you? _____

Between what years? _____ Who took care of you as an infant? _____

How were you disciplined as an adolescent and by whom? _____

Please list all of your brothers/sisters, in the order of their birth.

Name	Age	Birthday	Gender	School	Grade in school	Lives at home?

Give your impression of your home atmosphere, including how compatible you and everyone else is _____

As you were growing up, how was love expressed in your home? _____

How has anger been expressed? _____

What were your parents' attitudes about sex and has there been any discussion of or instruction about sexuality in the home? _____

Have you or your siblings ever been physically and/or sexually abused, assaulted or neglected? _____

RELIGIOUS ORIENTATION

Describe the religious training you received while growing up and how God is viewed by your family _____

How would you describe your current spiritual life? _____

What is your current activity/involvement in church/faith community? _____

PHYSICAL HEALTH

Present health status (circle one): Excellent Good Fair Poor

What serious illnesses have you had and when? _____

Hospitalizations (*reason/diagnosis/dates*) _____

Medications currently taken and their purpose (*include non-prescription medications, e.g., sleeping pills, diet pills, etc.*)

Please list amount and frequency of alcohol use _____

Please list any drugs you have used including the amount and frequency _____

What age did you start drinking alcohol? _____

What age did you start using drugs? _____

Check any of the following that definitely describe you:

	Selfish		Impulsive/acts without thinking		Sexual difficulties		Emotional
	Resentful		Quick tempered		Resents authority		Obedient
	Seclusive		Problems concentrating		Unmotivated		Silliness
	Quarrelsome		Violent		Spoiled		Sensible
	Doesn't care		Inconsiderate		Untidy		Considerate
	Easily led		Ill tempered		Adaptable		Inadequate
	Untruthful		Impertinent, Sassy		Unruly		Moody
	Won't obey		Affectionate		Cruel		Vain
	Awkward		Industrious		Clean		Stubborn

Do you consent to participate in counseling/assessment at Responsive Centers? _____

Signature

Date