

# ADOLESCENT CLIENT INFO

CLINT CLARK, LPC

## WHO ARE YOU?

FULL NAME: \_\_\_\_\_ NICK NAMES: \_\_\_\_\_

NAME YOU PREFER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE:  WHITE  BLACK  HISPANIC  ASIAN  OTHER: \_\_\_\_\_ SEX:  MALE  FEMALE

## WHERE ARE YOU?

STREET ADDRESS: \_\_\_\_\_ SUITE OR APT. NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ MAY I SEND MAIL HERE:  YES  NO

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ MAY I LEAVE A MESSAGE HERE:  YES  NO

MOBILE PHONE: (\_\_\_\_\_) \_\_\_\_\_ MAY I LEAVE A MESSAGE HERE:  YES  NO

WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_ EXTENSION: \_\_\_\_\_ MAY I LEAVE A MESSAGE HERE:  YES  NO

EMAIL ADDRESS: \_\_\_\_\_ MAY I SEND EMAIL HERE:  YES  NO

## JOB STUFF...

DO YOU HAVE ONE?  YES  NO DO YOU WANT ONE?  YES  NO

EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AVERAGE HOURS WORKED PER WEEK: \_\_\_\_\_

## SCHOOL STUFF...

TYPE OF SCHOOL:  HOME  PRIVATE  PUBLIC NAME OF YOUR SCHOOL: \_\_\_\_\_

LAST YEAR OF SCHOOL COMPLETED:  6  7  8  9  10  11  12  GED \*\*\*  LIKE IT  HATE IT  WHO CARES

## DATING STUFF...

SINGLE  DATING  HANGING OUT  WISH I WAS  NO WAY!

HIS / HER NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN YOUR PARTNER: \_\_\_\_\_ AGE: \_\_\_\_\_ PARTNER'S SEX:  MALE  FEMALE

PARTNER'S RACE:  WHITE  BLACK  HISPANIC  ASIAN  OTHER: \_\_\_\_\_

## MEDICAL STUFF...

PRIMARY DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT:  YES  NO.

LIST ANY CONDITIONS, ILLNESSES, SURGERIES, HOSPITALIZATIONS, TRAUMAS OR RELATED TREATMENTS YOU HAVE HAD (USE BACK IF NECESSARY):

\_\_\_\_\_

## MEDICATIONS...

LIST ALL CURRENT MEDICATIONS YOU ARE TAKING, INCLUDING THOSE YOU SELDOM USE OR TAKE ONLY AS NEEDED (USE BACK IF NECESSARY):

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_  IMPROVES  PREVENTS  CONTROLS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_  IMPROVES  PREVENTS  CONTROLS: \_\_\_\_\_

ARE YOU TAKING THESE MEDICATION(S) ACCORDING TO YOUR DOCTOR'S RECOMMENDATIONS?  YES  NO

IF NO, BRIEFLY EXPLAIN: \_\_\_\_\_

## WHAT'S GOING ON...

WHAT'S THE PROBLEM AS YOU SEE IT? \_\_\_\_\_

\_\_\_\_\_

## HOW MUCH DO YOU CARE?

PLACE AN "X" ON THE SCALE BELOW (1 = COULD CARE LESS; 10 = THIS IS A BIG DEAL):

● \_\_\_\_\_ ●

1      2      3      4      5      6      7      8      9      10

DO YOU WANT TO HURT YOURSELF?  YES  NO. HAVE YOU WANTED TO IN THE PAST?  YES  NO

HAVE ANY OF YOUR FRIENDS OR FAMILY EVER COMMITTED OR ATTEMPTED SUICIDE?  YES  NO

IF YES, WHEN AND WHO: \_\_\_\_\_

## DESCRIBING YOUR WORLD...

THESE ARE MY PASSIONS: \_\_\_\_\_

\_\_\_\_\_

MY FAVORITE BANDS ARE: \_\_\_\_\_

IF I COULD DO ANYTHING I WOULD: \_\_\_\_\_

\_\_\_\_\_

WHAT MAKES ME UNIQUE IS: \_\_\_\_\_

\_\_\_\_\_

ONE THING THAT WOULD MAKE MY LIFE BETTER IS: \_\_\_\_\_

\_\_\_\_\_

MY FRIENDS ARE: \_\_\_\_\_

MY PARENTS:  LIKE THEM  HATE THEM  THINK I COULD DO BETTER  DON'T CARE EITHER WAY.

## WHERE'S GOD?

IF GOD WERE TO DESCRIBE YOU, WHAT WOULD HE SAY: \_\_\_\_\_

COMPLETE THE FOLLOWING THOUGHT: GOD IS \_\_\_\_\_

## OTHER STUFF...

WHAT ELSE SHOULD I KNOW ABOUT YOU? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_