

New Haven Ministries

Date _____

ADOLESCENT INTAKE FORM

Parent/Guardian _____

Name _____ Female Male

Address _____ Phone _____

City _____ State _____ Zip _____

How long have you lived here? _____ year(s) Age _____ Birth Date _____

Grade _____ School Name _____

Teacher _____ School Counselor _____

Family Information:

I live with my: Birth Father Step-father Birth Mother Step-mother

Other: _____

Number of: Brothers _____ Age(s) _____ Half/Step-brothers _____ Age(s) _____

Sisters _____ Age(s) _____ Half/Step-sisters _____ Age(s) _____

Have you ever lived in another place? No Yes If yes – Where? _____

Medical Information:

Doctor's Name _____ Last seen? _____

List any medical conditions or problems: _____

List any medication that you take: _____

Have you ever been to a counselor? No Yes When did you see them? _____

Why did you see the counselor? _____

Are you seeing another counselor now? No Yes - Who? _____

What is the best thing that ever happened to you? _____

What is the worst thing that ever happened to you? _____

Do you dream? No Yes Do you have nightmares? No Yes

If yes, please explain: _____

Who is the person who understands you best? _____

Circle the words below that best describe how you usually feel:

HAPPY HURT SAD MAD AFRAID Other: _____

When do you usually feel this way? _____

What do you usually do when you feel this way? _____

How do you feel about your school grades? _____

How do your parents/guardians feel about your school grades? _____

Do you think you are a problem at school? No Yes If yes, why? _____

Do you think that you are a problem at home? No Yes If yes, why? _____

If you could change 2 things at home, what would they be? _____

What do you do to help around the house? _____

How do you feel about the rules at home? _____

Do you think that they are clear? Yes Sometimes No

If no, what do you think would help? _____

How are you disciplined at home? _____

Do you think it is fair? Yes No If no, how do you wish it were different? _____

Who do you have the most trouble with at home? _____

Do you get your feelings hurt easily? No Yes If yes, when and how? _____

Do you lose your temper easily? No Yes If yes – when? _____

Do you have a really close friend? No Yes Do you wish you had more friends? No Yes

What do you like to do with your friends? _____

What kind of things does your family do together? _____

What kind of things do you wish your family did together? _____

If you could change one thing about yourself, what would it be? _____

Are you a member of a church? No Yes Where? _____

How often do you go to church? Weekly Monthly Seldom Never

Do you know Jesus Christ personally? No Unsure Yes

If yes, how did you become a Christian? _____

How has knowing God made a difference in your life? _____

What helps you grow closer to God? (Examples: prayer, Sunday school, Bible reading, etc.)

Give one reason you think you are here at New Haven Ministries. _____

Why do you think your parents/guardians want you here? _____

How can we help? _____

Disclaimer and Release of Liability and Confidentiality

I have voluntarily sought counseling at New Haven Ministries. I am under no obligation or compulsion to accept this counseling or any advice I may receive during this counseling process. I further agree to hold New Haven Ministries and its staff free from any and all liability, loss or damage of any kind that may arise as the result of the counseling.

I understand that New Haven Ministries and any employee or other representative of New Haven is offering this counseling voluntarily, at a voluntarily pledged cost, and that I or New Haven can terminate or limit this counseling at any time.

I understand that this counseling is not a medical, psychiatric, psychological or other professional service, but is exclusively the sharing and explaining of principles set forth in the Bible as applied to my personal situation.

I understand that any counselor representing New Haven Ministries might thoughtfully choose to, or may be legally bound to disclose information received from me in the following circumstances:

1. The information may be disclosed to law enforcement officers or other governmental officials, if the counselor believes that the information may be about an actual, threatened or potential crime, other violation of law, or other matter within the responsibilities of the officers or officials to whom the disclosure is made.
2. The information may be disclosed to the proper authorities, if the counselor believes it is about an actual, threatened or potential suicide, or other act of self- harm.
3. The information that minors disclose regarding abuse, illegal activities may be disclosed to parents or other appropriate authorities if the counselor believes such disclosures will enhance the counseling process or provide necessary protection for the minor.

I have fully read this statement. I understand and agree with what I have read. I have executed this statement as my free and voluntary act on this _____ day of _____ 20 ____ .

Counselor Name (please print clearly)

Client Name (please print clearly)

Signature of Counselor

Signature of Client/Parent (if a minor)

AUTHORIZATION TO TREAT MINOR CHILDREN

I, _____, give my permission to _____
Name of Parent or Guardian Counselor

to see my son/daughter _____ for counseling,
Name of Minor Child(ren)

with and/or without my being present in the same session. I/we understand that we are the holder of confidential privilege – the right to withhold disclosure of private counseling information about my child. However, in the interest of developing a trust relationship between the counselor and my/our child(ren), I/we give the counselor permission to reveal or withhold information that in his/her judgment is necessary to best help and protect my/our child(ren).

The only exception to this discretion would be in the case of _____

Parent/Guardian Signature _____ Date _____

Counselor/Witness _____ Date _____