Palm Beach Family Therapy
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# ADOLESCENT PARENT INTAKE FORM

***To Be Filled In By The Parent***

Parent(s) Name(s):

_____

_____

Parent(s) Phone number(s)

_____

Adolescent's Name: _____ Date Of Birth_____

Race/Ethnic Origin: _____

## PRESENTING ISSUES

Briefly describe the presenting issue(s) for which you are seeking therapy for your adolescent.

_____

_____

_____

What would you like to see happen as a result of therapy?

_____

_____

_____

What is most concerning right now?

_____

_____

_____

## CHILD'S DEVELOPMENT

Were there any complications with the pregnancy or delivery of your child?

❒ Yes ❒ No

*If yes, please describe:*

_____
_____
_____

Did your child have health problems at birth? ❒ Yes ❒ No

*If yes, please describe:*

_____
_____
_____

Has your child experienced any developmental delays (e.g. toilet training, walking, talking)?

❒ Yes ❒ No ❒ Unsure *If yes, please describe:*

_____
_____

_____
_____

Did your child display any developmentally unusual behaviors or problems prior to age 3?

❒ Yes ❒ No ❒ Unsure

*If yes, please describe:*

_____
_____
_____

Has your child experienced emotional, physical, or sexual trauma?

❒ Yes ❒ No ❒ Unsure

*If yes, or unsure, please describe:*

_____
_____
_____

**TREATMENT/MEDICAL HISTORY**

Has your child previously seen a therapist ? ❒ Yes ❒ No

*If yes, where:*_____

Approximate dates of counseling:

_____

For what reason(s) did your child attend therapy?

_____

Has your child accessed psychiatric/Mental Health Services? ❒ Yes ❒ No

*If yes, where:*

_____

_____

_____

Has your child been treated at a higher level of care for mental health reasons? (e.g. inpatient, residential, partial, intensive outpatient program? Please describe:

_____

_____

_____

Does your child have a previous mental health diagnosis? ❒ Yes ❒ No ❒ Unsure.

*If yes, please specify:*

_____

_____

_____

What did you find **most helpful** about their treatment?

_____

_____

_____

What did you find **least helpful** about their treatment?

_____

_____

_____

Has your child taken medication for a **mental health** concern? ❒ Yes ❒ No.

*If yes, please indicate names, dosages, and dates:*

_____

_____

_____

Does your child have other **medical** concerns or previous hospitalizations? ❒ Yes ❒ No.

*If yes, please describe:*

_____

_____

_____

**SUBSTANCE USE. Do you have any concerns with your son or daughter using alcohol or drugs? ❒ Yes ❒ No**

*If yes, please explain your concerns about your child's alcohol or drug usage:*

_____

_____

_____

**INTERNET/ELECTRONIC COMMUNICATIONS USAGE**

Do you have any concerns with your child using the internet or electronic communication such as Facebook, Snapchat, Twitter, texting etc? ❒ Yes ❒ No

*If yes, please explain your concern:*

_____

_____

_____

**LEGAL ISSUES**

Please list any legal issues that are affecting you, your family, or your child (at present, or have had a significant effect in the past).

_____

_____

_____

**SCHOOL HISTORY**

Do you have any current concerns relating to your child's education? ❒ Yes ❒ No.

*If yes, please explain your concern:*

_____

_____

_____

Does your child receive special education services through their school system?

❒ Yes ❒ No ❒ IEP ❒ 504 Plan ❒ Speech ❒ OT ❒ PT

**FAMILY HISTORY**

Did either parent experience any abuse/trauma as a **child** in their home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

_____

_____

_____

Did either parent experience any abuse/trauma in their **adult** life (physical, verbal, emotional, or sexual)? Please describe as much as you feel comfortable.

_____

_____

_____

Please list all of the people in what you would describe as your immediate family and answer the following questions about each:

**NAME AGE GENDER RELATIONSHIP TO CHILD_____- (BIO, STEP, ADOPTIVE). LIVING WITH CHILD? Y/N**

_____

_____

_____

**PARENT'S MARITAL STATUS** *(This question refers to the parents' relationship. Please answer the following as best as you can. I understand that you may not be able to answer some of the questions pertaining to the other parent, if applicable.)*

❒ Single ❒ Married (legally) ❒ Divorced ❒ Co-habiting ❒ Divorce in process ❒ Separated ❒ Widower ❒ Remarried (mother) ❒ Remarried (father) ❒ Other.

Length of marriage relationship:

_____

If divorced or separated, how old was your child at time?

_____

**Parent's Name:** _____

**Birth Date:**_____ **Age:** _____

**Ethnic Origin:** _____

Occupation: _____Place of Employment: _____

Military experience? ❒ Yes ❒ No

Current Status ❒ Single ❒ Married ❒ Divorced ❒ Separated ❒ Widowed ❒ Other

Assessment of current relationship if applicable: Poor_____ Fair_____ Good_____

**Parent's Name:** _____

**Birth Date:**_____ **Age:** _____

**Ethnic Origin:** _____

Occupation: _____Place of Employment: _____

Military experience? ❒ Yes ❒ No

Current Status ❒ Single ❒ Married ❒ Divorced ❒ Separated ❒ Widowed ❒ Other

Assessment of current relationship if applicable: Poor_____ Fair_____ Good_____

**Please note any custody concerns/arrangements if applicable:**

_____

_____

_____

**FAMILY MENTAL HEALTH HISTORY**

*In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to your child (e.g. father, maternal grandmother, uncle, etc.)*

- ❒Alcohol substance abuse_____
- ❒Anxiety_____
- ❒ Depression_____
- ❒ Domestic Violence_____
- ❒ Obsessive compulsive behavior_____
- ❒ Major mental illness_____
- ❒ Suicide attempts (or Suicide)_____
- ❒Psychiatric hospitalizations_____
- ❒Eating Disorders_____
- ❒ Other_____

**FAMILY CONCERNS** (*Please check any family concerns that your family is currently experiencing*)

❒Fighting ❒ Disagreeing about relatives ❒ Feeling distant ❒ Disagreeing about friends ❒ Loss of fun ❒ Alcohol use ❒ Lack of honesty ❒ Drug use ❒ Physical fights ❒ Education problems ❒ Divorce/separation ❒ Financial problems ❒ Issues regarding remarriage ❒ Death of a family member ❒ Birth of a sibling ❒ Abuse/neglect ❒ Birth of a child ❒ Inadequate housing

*Other concerns not listed above***:**

_____

_____

_____

**YOUR ADOLESCENT'S STRENGTHS**

What activities do you feel your child enjoys?

_____

_____

_____

What positive personal qualities does your child have?

_____

_____

_____

Who are some of the influential and supportive people, activities or beliefs in your child's life? Please describe:

_____

_____

_____

Is there anything else you would like to share?

_____

_____

_____

**Please select any of the following symptoms that are affecting your adolescent: Mild, Moderate, Severe, None.**

Sadness ❒ Mild ❒ Moderate ❒ Severe ❒ None

Crying ❒ Mild ❒ Moderate ❒ Severe ❒ None

Grief ❒ Mild ❒ Moderate ❒ Severe ❒ None

Problems at Home ❒ Mild ❒ Moderate ❒ Severe ❒ None

Hyperactivity ❒ Mild ❒ Moderate ❒ Severe ❒ None

Low Energy ❒ Mild ❒ Moderate ❒ Severe ❒ None

Excessive Worry ❒ Mild ❒ Moderate ❒ Severe ❒ None

Indecisiveness ❒ Mild ❒ Moderate ❒ Severe ❒ None

Poor Concentration ❒ Mild ❒ Moderate ❒ Severe ❒ None

Unresolved Guilt ❒ Mild ❒ Moderate ❒ Severe ❒ None

Low Self Worth ❒ Mild ❒ Moderate ❒ Severe ❒ None

Irritability/Anger Issues ❒ Mild ❒ Moderate ❒ Severe ❒ None

Identity Questions ❒ Mild ❒ Moderate ❒ Severe ❒ None

Hopelessness ❒ Mild ❒ Moderate ❒ Severe ❒ None

Loneliness ❒ Mild ❒ Moderate ❒ Severe ❒ None

Social Anxiety ❒ Mild ❒ Moderate ❒ Severe ❒ None

Social Isolation ❒ Mild ❒ Moderate ❒ Severe ❒ None

Obsessive Thoughts ❒ Mild ❒ Moderate ❒ Severe ❒ None

Panic Attacks ❒ Mild ❒ Moderate ❒ Severe ❒ None

Phobias ❒ Mild ❒ Moderate ❒ Severe ❒ None

Feeling Anxious ❒ Mild ❒ Moderate ❒ Severe ❒ None

Hallucinations ❒ Mild ❒ Moderate ❒ Severe ❒ None

Paranoid Thoughts ❒ Mild ❒ Moderate ❒ Severe ❒ None
Racing Thoughts ❒ Mild ❒ Moderate ❒ Severe ❒ None
Self Harm/Cutting ❒ Mild ❒ Moderate ❒ Severe ❒ None
Impulsivity Restlessness ❒ Mild ❒ Moderate ❒ Severe ❒ None
Elevated Mood Easily Distracted ❒ Mild ❒ Moderate ❒ Severe ❒ None
Mood Swings ❒ Mild ❒ Moderate ❒ Severe ❒ None
Nightmares ❒ Mild ❒ Moderate ❒ Severe ❒ None
Drug or Alcohol Use ❒ Mild ❒ Moderate ❒ Severe ❒ None
Trauma ❒ Mild ❒ Moderate ❒ Severe ❒ None
Flashbacks ❒ Mild ❒ Moderate ❒ Severe ❒ None
Headaches ❒ Mild ❒ Moderate ❒ Severe ❒ None
Difficulty Sleeping ❒ Mild ❒ Moderate ❒ Severe ❒ None
Anorexia ❒ Mild ❒ Moderate ❒ Severe ❒ None
Change in Weight ❒ Mild ❒ Moderate ❒ Severe ❒ None
Change in Appetite ❒ Mild ❒ Moderate ❒ Severe ❒ None
Binging/Purging ❒ Mild ❒ Moderate ❒ Severe ❒ None
Nausea/Indigestion ❒ Mild ❒ Moderate ❒ Severe ❒ None
Suicidal Thoughts ❒ Mild ❒ Moderate ❒ Severe ❒ None
Homicidal Thoughts ❒ Mild ❒ Moderate ❒ Severe ❒ None

Other Not Mentioned:

_____

_____

_____

**Special Confidentiality Notice for Parents**

I appreciate your trust in me in providing care for your child. I take this responsibility very seriously.

I strongly believe that for therapy to be helpful to an adolescent, there needs to be as much confidentiality for them as possible in the therapy process.

That is, unless the issue falls into the following categories…

--your child is clearly unsafe or at risk of harming themselves

--your child is at risk of being harmed by anyone else

--your child is at risk of harming someone else

—I am by law required to comply with a court order to disclose treatment records—in which case I would follow the clinically and legally appropriate reporting requirements.

Outside of this, I will encourage your child to express themselves freely, and assure them that there will be confidentiality provided to them in this process. We need your child to be open and honest in therapy in order to understand and treat the full range of issues your child is facing, and they may be too scared, angry, or ashamed right now to share those issues with you.

I also recognize it is very important for you to know what your child is going through in order to do your job as a parent, which is why I will encourage your child to be honest with you. I will make every attempt to encourage, prepare and support your child so that they feel safe enough to share those issues with you. I will also facilitate family meetings, when appropriate.

**Please print and sign your name below:**

**PARENT PRINTED NAME:**

_____

**PARENT SIGNATURE:**

_____

**DATE:**

___/___/____