



*"Mindful Based Approaches to Treatment"*

## INTAKE FORM FOR TEENS

Please fill out to the best of your ability and comfort level

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Primary home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best phone number to reach you at \_\_\_\_\_

Email address \_\_\_\_\_

Who lives in your home with you? Please include their relationship to you, their names and ages. \_\_\_\_\_

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Who are the main people in your life? (This can be friends, family, teachers, coaches, etc.) Please include their name, their relationship to you and the quality of your relationship with each

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### **Current issues**

What brings you to therapy?

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How long have these problems been bothering you?

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What do you think might be the cause of these issues?

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What do you hope to get out of therapy?

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Have you had previous counseling?     ☐ Yes   ☐ No

If so, how long did you go and did you have a positive experience? Please explain

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In addition to yourself, who else would you like to be involved in your therapy?

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### **Personal Information**

Describe your strengths \_\_\_\_\_

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Describe what matters most to you \_\_\_\_\_

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What else would you like me to know? \_\_\_\_\_

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