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**ALHsuccesslines Christian Counseling**

**Teen Personal Data Inventory**

**New Counselee Intake Form**

**Angela Harris, MPC**

**Please answer to the best of your ability. Any question you feel uncomfortable answering, you can leave blank and discuss with your counselor.**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. High School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Sex: 🞏 Male 🞏 Female 9. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Education: 🞏 Elementary 🞏 High School 🞏 GED 🞏 College 🞏 Graduate 🞏 Degree:\_\_\_\_\_\_\_\_\_\_\_\_

12. Other Training (List type and years):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. How many siblings do you have? Older brothers: \_\_\_ Sisters: \_\_\_ Younger brothers: \_\_\_ Sisters: \_\_\_

**History Information:**

17. Have you dealt with severe emotional struggles in your past? 🞏 Yes 🞏 No

18. Have you ever had any therapy or counseling before? 🞏 Yes 🞏 No

If yes, list counselor or therapist and dates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was the result of your counseling?

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19. Check off any of the following words which best describe you now:

🞏 self confident 🞏 anxious 🞏 moody 🞏 often sad 🞏 impulsive

🞏 excitable 🞏 calm 🞏 shy 🞏 fearful 🞏 introvert

🞏 extrovert 🞏 likeable 🞏 lonely 🞏 bitter 🞏 angry

20. List fears you have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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21. Have you ever been arrested? 🞏 Yes 🞏 No Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information**

22. Rate your health: 🞏 Very Good 🞏 Good 🞏 Average 🞏 Declining 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Approximately how much sleep do you get each night? \_\_\_\_\_\_\_\_\_\_

24. When do you go to sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_ When do you get up? \_\_\_\_\_\_\_\_\_\_\_\_

25. Your approximate: Weight \_\_\_\_ Height \_\_\_\_ 36. Weight changes recent Lost \_\_\_\_Gained \_\_\_\_

26. Do you have any chronic medical conditions? –List and Describe below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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27. When is the last time that you have been seen by a doctor for a physical?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. Are you presently taking prescription medications? 🞏 Yes 🞏 No

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. How much alcohol do you consume? 🞏 Daily 🞏 Weekly 🞏 Occasionally 🞏 Very little or never

30. In the past five years, have you used illegal or excessive prescription drugs? 🞏 Yes 🞏 No 🞏 Not sure

**Religious Background**

31. Do you believe in God? 🞏 Yes 🞏 No 🞏 Uncertain

32. Do you pray to God? 🞏 Yes 🞏 No 🞏 Occasionally

33. Are you a Christian? 🞏 Yes 🞏 No 🞏 Uncertain

34. 51. Religious background of spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

35. Explain any recent changes in your religious/spiritual life, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Briefly answer the following questions to help understand your situation better**

1. How do you describe the issues with which you are struggling?

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2. What have you tried to do about it?

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3. How do you hope counseling might help? (What are your expectations in coming here?)

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4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

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5. Is there any other information you think I should know to help you?

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