Allana Danduran Psychotherapy Services
Allana Danduran, MSW, LICSW

Intake Information (Child / Adolescent)

The following information to be completed by clients ages 13 -17

Name: ____ **Date:** __________
First Last

Age:____________ **Date of Birth:**__________

Address:____

City, State, Zip: ____

Home Phone: _________________________ **Cell Phone:**________________

Email: ____

Referral Source:____

Please describe the reason for your visit today: ______________________________

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Please check all of the problems you are currently experiencing:

_______ Anxiety /worries

_______ Sad / depressed mood

_______ Tearful

_______ Panic Attacks

_______ Excessive Organization / cleaning

_______ Issues with memory / concentration

_______ Difficulty falling asleep

_______ Lack of motivation

_______ Difficulty being alone

_______ Body image issues

_______ Tired / Bored

_______ Sick a lot

_______ Mood swings

_______ Cutting / self-harm

_______ Perfectionist

_______ Rigid Routines

_______ Intrusive Thoughts

_______ Distractible / focus issues

_______ Difficulty staying asleep

_______ Feelings of guilt / shame

_______ Low self-esteem

_______ Anger

_______ Shy

_______ Weight changes

_______ Change in eating habits - Specify **[ ]** Restricting **[ ]** Bingeing **[ ]** Overeating

[ ] Purging **[ ]** Laxative use for dieting **[ ]** Over-exercising

_______ School issues

_______ Friend issues

_______ Relationship issues

_______ Job issues

_______ Drug / alcohol problems

_______ Legal issues

Please check all of the following that apply to you:

_______ I don't have enough friends

_______ I often feel inferior

_______ I often feel excluded

_______ I don't like myself

_______ I don't like my appearance

_______ People put me down

_______ I get into a lot of fights

_______ I try to get my own way

_______ I'm worried about my grades

_______ I try to please everyone

_______ I have trouble saying "No"

_______ I usually think I am right

_______ I feel like I don't fit in

_______ I like to argue with others

_______ Other's opinion of me is very important

_______ I am overly competitive

Please check all of the following concerns you have related to your family:

_______ Family member with physical illness

_______ Parents fighting

_______ Family member with mental illness

_______ Parents Divorcing

_______ Family member with substance abuse

_______ Conflict with a sibling

_______ I feel like I can't talk to mom or dad

_______ Conflict with step-parent

_______ Parent / guardian expect too much

_______ Pet dying

_______ Parent / guardian is too strict

_______ No privacy

_______ Being emotionally abused

_______ My siblings are favored

_______ Being physically abused

_______ I feel ignored by family

_______ Being sexually abused

_______ I feel misunderstood

_______ I fight with my family about my friends

_______ I fight with my family about my clothes

_______ I fight with my family about my interests

_______ Other:____________________

____

____

Please complete the following related to your current substance use:

	Type	Amount	Frequency	Past	Present
Alcohol					
Tobacco					
Illicit Drugs					
Prescription Drugs (not prescribed to you)					
Prescription Drugs (prescribed to you, however you are not using as prescribed)					
Non-prescription Drugs					

Describe your current caffeine intake (this includes coffee, tea, energy drinks, pop, chocolate):____

____

Describe any issues you are currently experiencing with peers:____________________

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____

Describe any issues are you are currently experiencing with school:____________________

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____

Describe any issues you are currently experiencing with work:____________________

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What kind of exercise do you participate in and how often?____________________

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____

Describe your interests and hobbies: ______________________________

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____

Describe your strengths:____

Client Expectations

What do you hope to gain from therapy? ____

How do you think you will know when you have met your therapy goals?______________________

How long do you expect to participate in therapy? ____