DRS. PHIL ALEXANDER'S AND DEBBIE CARLE'S ADOLESCENT PAPERWORK
TO BE COMPLETED BY ADOLESCENT

Name_____ **Age**_____ **Birthday**_____ **Gender**_____

Name of School_____ **Grade Level**_____

Briefly describe your main concern_____

_____

_____

_____

Current stressors *(describe how the following areas are stressful)*

Parents_____

Brothers/Sisters_____

School_____

Work_____

Friends/Social_____

Spiritual_____

Sexual_____

Other_____

On the scale below, rate how strongly you want to change your present problem
(*do not want to change*) 1 2 3 4 5 6 7 8 9 10 (*desperately desire change*)

Identify any *specific* concerns or anxieties you have about counseling _____

_____

What are your *specific* goals for counseling? _____

_____

Previous experience with counseling: ____No ____Yes When? _____ By whom? _____

How helpful was previous counseling? _____

Current symptoms (*Please circle any that apply to you)*:

Headaches, dizziness, fainting spells, nervousness, stomach trouble, no appetite, bowel disturbances, recent weight gain, recent weight loss, fatigue, sleep disturbances, racing thoughts, nightmares, alcoholism, drugs, take sedatives, don't like weekends and vacations, feel lonely, feel depressed, unable to have a good time, suicidal thoughts/feelings, shy with people, can't make friends, unable to relax, over-ambitious, can't make decisions, persistent fears, financial concerns, sexual concerns, recurrent troubling thoughts, bad home conditions, inferiority feelings, (other)_____

FAMILY BACKGROUND

Father's name_____ If deceased, date and cause _____

Age_____ Occupation_____ Education level_____ Health_____

Describe his personality, attitude and relationship to you, past and present _____

_____

_____

Mother's name_____ If deceased, date and cause _____

Age_____ Occupation_____ Education level_____ Health_____

Describe her personality, attitude and relationship to you, past and present _____

_____

_____

Parents' marital status_____ Briefly describe your parents' marriage_____

_____

How do they handle conflict in their relationship? _____

_____

If divorced, when did it occur and what was your reaction to it? _____

_____

If one or both parents remarried, give date(s) and your reaction_____

_____

Step-mother's name_____ Age_____ Occupation_____

Education level_____ Health_____ Describe her personality, attitude and relationship to you,

Past and present_____

_____

_____

Step-father's name_____ Age_____ Occupation_____

Education level_____ Health_____ Describe his personality, attitude and relationship to you,

past and present _____

_____

_____

If you were not raised by your parents, who raised you? _____

Between what years? _____ Who took care of you as an infant? _____

How were you disciplined as an adolescent and by whom? _____

_____

Please list all of your brothers/sisters, in the order of their birth.

Name	Age	Birthday	Gender	School	Grade in school	Lives at home?

Give your impression of your home atmosphere, including how compatible you and everyone else is _____

_____

_____

As you were growing up, how was love expressed in your home? _____

_____

How has anger been expressed? _____

_____

What were your parents' attitudes about sex and has there been any discussion of or instruction about sexuality in the home? _____

Have you or your siblings ever been physically and/or sexually abused, assaulted or neglected? _____

RELIGIOUS ORIENTATION

Describe the religious training you received while growing up and how God is viewed by your family _____

_____

How would you describe your current spiritual life? _____

What is your current activity/involvement in church/faith community? _____

PHYSICAL HEALTH

Present health status (circle one): Excellent Good Fair Poor

What serious illnesses have you had and when? _____

Hospitalizations (*reason/diagnosis/dates)* _____

_____

Medications currently taken and their purpose (*include non-prescription medications, e.g., sleeping pills, diet pills, etc.*)

_____

Please list amount and frequency of alcohol use _____

Please list any drugs you have used including the amount and frequency _____

_____

What age did you start drinking alcohol? _____ What age did you start using drugs? _____

Check any of the following that definitely describe you:

	Selfish		**Impulsive/acts without thinking**		**Sexual difficulties**		**Emotional**
	Resentful		**Quick tempered**		**Resents authority**		**Obedient**
	Seclusive		**Problems concentrating**		**Unmotivated**		**Silliness**
	Quarrelsome		**Violent**		**Spoiled**		**Sensible**
	Doesn't care		**Inconsiderate**		**Untidy**		**Considerate**
	Easily led		**Ill tempered**		**Adaptable**		**Inadequate**
	Untruthful		**Impertinent, Sassy**		**Unruly**		**Moody**
	Won't obey		**Affectionate**		**Cruel**		**Vain**
	Awkward		**Industrious**		**Clean**		**Stubborn**

Do you consent to participate in counseling/assessment at Responsive Centers? _____

_____ _____

Signature **Date**