



momentum

mental health

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Adolescent Intake Form

Please complete if you are a client, 14 years or older

Please provide the following information for our records. Information you provide here is held to the same standards of confidentiality as our therapy. **Please print out this form and bring it completed to your first session OR allow yourself thirty minutes prior to your appointment to complete the form in the office.**

Client Name: _____ Date: _____
(Last) (First) (Middle Initial)

Local Address: _____
(Street and Number) (City) (State) (Zip)

Home Phone: () _____ Cell/Other Phone: () _____

Work Phone: () _____ E-mail: _____

May we call and leave messages at home? Yes No On cell? Yes No At work? Yes No
May we email? Yes No

Birth Date: ____ / ____ / ____ Age: ____ Gender: Male Female

Grade in School: _____ School: _____

Name of parent/guardian: _____
(Last) (First) (Middle Initial)

Address (if different): _____
(Street and Number) (City) (State) (Zip)

Home Phone: () _____ Cell/Other Phone: () _____

Work Phone: () _____ E-mail: _____

May we call and leave messages at home? Yes No On their cell? Yes No At work? Yes No
May we email you? Yes No

Who are you currently living with? _____

Extracurricular Activities/Interests/Hobbies: _____

Whose idea was it for you to come to counseling today? _____

Please Rate the Following Issues with a Number:

1 = Major Problem

2 = Sometimes a Problem

3 = Never a Problem

- _____ Feeling accepted by my peers
- _____ Making and keeping friends/Social life
- _____ Getting along with my parents or other family members
- _____ Worrying about issues in my life
- _____ Making decisions
- _____ Dealing with alcohol or drug use/abuse
- _____ Dealing with problems at school
- _____ Dealing with how I feel about myself
- _____ Self-Harm/Cutting
- _____ Feelings of suicide
- _____ Feeling like I could hurt or kill someone
- _____ Not Eating/Eating too much/Bingeing and Purging
- _____ Other: _____

Have you been to counseling before? Yes No If yes, when? _____

For what reason? _____

Who is the person in your life you trust the most? _____

Emergency Contact: _____ Phone: _____