

John C. Palmer, LCSW

Adolescent Intake Form

A. Identifications

1. Adolescent's name: _____ DOB: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

2. Mother's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

3. Father's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

4. Parents are currently Married Divorced Remarried Never married Other: _____

Child's custodian/guardian is: _____

5. Stepparent's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

B. Residences

Dates		Location	Reason for moving	With whom	Any problems?
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. Schools

School	Grade(s)	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Special skills or talents of adolescent

List hobbies, sports, musical, recreational, and leisure time preferences; etc.:

E. Reason for Referral for Services

What concerns or problems to you have with your adolescent that I should know about?
