

Marjie L. Roddick Counseling, LLC

“Helping You Find Hope in Connection”

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Youth Intake Form (age 13-17)

Note: Unless there is a serious risk of injury to you or someone else, the information on this form is confidential. It will not be discussed with your parents without your consent. Please print legibly.

Identifying Information

Date of Intake: _____

Client’s name (First, MI, Last): _____

Date of Birth: _____ Age: _____ Race/Ethnicity: _____

Client phone #: _____ Okay to leave a message? Yes No

Other phone #: _____ Okay to leave a message? Yes No

Address: _____

PO Box/Street

City

State

Zip

Would you like appointment reminders? No Yes If yes, do you prefer reminders by email text?

Health

Family Doctor: _____ Phone #: _____

Medications (including dosage, reason for medication, and any side effects):

Please check any of the following you have experienced in the past 6 months:

- Increased appetite
- Decreased appetite
- Trouble concentrating
- Difficulty sleeping
- Excessive sleep
- Low motivation
- Isolation from others
- Fatigue/low energy
- Low self-esteem
- Depressed mood
- Tearful or crying spells
- Anxiety
- Fear
- Hopelessness
- Panic
- Guilt
- Other: _____

Please check any of the following physical problems that apply:

- Headache
- High blood pressure

- Head injury
- Chest pain
- Irritable bowel
- Chronic pain
- Loss of consciousness
- Bone or joint problems
- Seizures
- Kidney-related issues
- Chronic fatigue
- Dizziness
- Faintness
- Heart valve problems
- Urinary tract problems
- Numbness & tingling
- Shortness of breath
- Diabetes
- Hepatitis
- Asthma
- HIV/AIDS
- Cancer
- Muscle tension
- Other: _____

Do you have any religious or spiritual beliefs you want me to know about?

Family Who do you currently live with? (check all that apply)

- Birth Mother Name: _____ Birth Father Name: _____
- Step Mother Name: _____ Step Father Name: _____
- Foster Parent(s) Name(s): _____ Relative(s) _____
- Adoptive Parent(s) Name(s): _____ Other Name: _____

Name of Sibling(s)	Age	Gender	Relationship (full, half, step, foster)	Lives with you? If no, lives where?
1. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No _____
2. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No _____
3. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No _____
4. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No _____

How would you describe your parents' relationship?

What kinds of problems are you having with:

Parents/stepparents/guardians?

Parents' live-in friends or partner?

Brothers or sisters (or stepbrothers or stepsisters)?

School

Which school do you go to? _____ Grade level/year: _____

How are your grades? _____

Problems in school? Yes No (academic (grades), behavior, social/peers) _____

Work & Financial Information

Do you work or have chores? Yes No If so, How many hours a week? _____

What do you do? _____

Problems there? _____

How will services be paid for? Cash Check Credit/Debit Card Insurance EAP

If insurance is covering service costs please provide the following information:

Insurance Company: _____

Name of Subscriber/Policyholder: _____

Subscriber/Policyholder's Birthdate: _____

Identification/Policy #: _____ Group/Enrollment #: _____

Insurance Co. phone #: _____

Employee Assistance Program: _____

Relationships & Social Interactions

Do you have a serious one-on-one relationship now? No Yes Partner's Name: _____

Do you feel safe in that relationship? No Yes If No, please describe:

Do you party? No Yes If so, how often, with whom?

Previous Counseling & Mental Health

Have you had previous counseling? No Yes If Yes, please briefly describe the type of counseling, when the counseling was received, what the counseling was for, what the results were, what was helpful/unhelpful, etc.:

Because so many people experience abuse and violence in their lives, it's something I always ask clients about. Have you ever experienced any of the following from someone you know? Please include relationship to individual(s) (for example, relative, neighbor, stranger, etc.)

- I have not been abused in any way I have experienced abuse (please describe below)
- Physical** (hit, strangled, kicked, shoved, slapped, physically injured, restricted movement)
 - Emotional** (humiliation, intimidation, jealousy, minimizing abuse, name calling, threats to you or pets)
 - Sexual** (forced unwanted sex, unwanted touching, controlled access to birth control or pregnancy decisions)
 - Financial** (controlled all the money, used money to threaten/manipulate, used your money without permission)
 - Spiritual** (denied/ridiculed your religious beliefs, used religion to justify their controlling behavior)
 - Bullying/Teasing** (online harassment, school bullying, etc.)
 - Witnessing parent(s) abuse/Other:** _____

How long did you experience the behaviors checked above?

Other events you have experienced or witnessed where you or someone else was injured or you thought an injury might happen?

Sometimes people may feel hopeless and consider hurting themselves or other people. Have you had thoughts like that recently? Yes No Have you had these thoughts in the past? Yes No

If Yes, please describe:

Have you ever had a suicide attempt or used self-injury (such as cutting, etc.)? Yes No

Please briefly describe:

Have you ever been hospitalized for a psychiatric issue? Yes No

If Yes, please describe:

Substance Use

Do you or someone in your family have problems with alcohol or other substances? No Yes If Yes, please describe:

Legal History

Are you required by the court, police, probation/parole officer, or CPS to attend this appointment? No Yes

Please describe any involvement you have had with CPS or the legal system (arrests, convictions, probation, parole, charges, consequences, sentences.)

Attorney's Name: _____ Phone #: _____
CPS Caseworker: _____ Phone#: _____

Additional Information

What worries or upsets you?

What makes you happy and what are your strengths?

What would you like to see happen or change because of counseling? What are your goals?

Anything you would like me to let your parents know?

What else is important for me to know or that you would like me to ask you about?

Who suggested you come see me, or how did you find out about counseling with me?

- Friend Parent/Relative Teacher Yellow Pages Psychology Today Website Google/Web Search
 Physician/Health Care Provider Insurance Company Other _____