



## Cornerstone Counselling Centre

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### Intake Form - Teen

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#### CLIENT INFORMATION

*Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used by your counsellor to assist you. Please use the reverse side of the last page if you wish further space for any of the questions.*

Client Name \_\_\_\_\_

Date of Birth  
(day/month/year) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

*Please do not include phone numbers at which you do not wish to be contacted.*

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Who lives in your home with you? \_\_\_\_\_

\_\_\_\_\_

**Parents(s)/Guardian(s)**

Names(s) \_\_\_\_\_  
\_\_\_\_\_

Address(es) if different from your own \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone numbers not listed above \_\_\_\_\_  
\_\_\_\_\_

Occupations \_\_\_\_\_  
\_\_\_\_\_

Are your parents:

- Married and living together
- Separated
- Living together common law
- Divorced
- Passed away (mom / dad / both)

**Family Information**

If your parents are not together, is either of them remarried or living with a boyfriend/girlfriend?

Mom  No

Dad  No

Yes, mom is:

Yes, dad is:

- Remarried
- Living with someone

- Remarried
- Living with someone

Are you living with:  relatives  
 foster parents

Please list the name, gender, age and grade of your brothers and sisters.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**School Information**

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

Do you like school? \_\_\_\_\_

Favourite subject \_\_\_\_\_

Least favourite subject \_\_\_\_\_

Have you ever repeated a grade?  Yes  No If yes, which grade(s)? \_\_\_\_\_

\_\_\_\_\_

What do you want to do when you are finished school? \_\_\_\_\_

\_\_\_\_\_

**Friends**

Are you dating a boyfriend/girlfriend?  Yes  No

Do you have one or more close friends?  Yes  No

How do you get along with students in your school? \_\_\_ Great \_\_\_ OK \_\_\_ Pretty Badly

Is there anyone who really hates you?  Yes  No

Is there anyone you really hate?  Yes  No

**Activities**

What do you like to do for fun? \_\_\_\_\_

List any groups, clubs or organizations that you belong to \_\_\_\_\_

Do you have a job?  Yes  No (Where?) \_\_\_\_\_

What other activities fill up your time? \_\_\_\_\_

Are there any hobbies or activities that you would like to start? \_\_\_\_\_

**Health Information**

Do you have any allergies?  Yes  No (If yes, what are they?) \_\_\_\_\_

Do you have any illness at this time?  Yes  No (If yes, what?) \_\_\_\_\_

Have you ever had surgery?  Yes  No (When and what for?) \_\_\_\_\_

Have you ever been in a hospital for any other reason?  Yes  No (Why?) \_\_\_\_\_

How are you sleeping lately? \_\_\_\_\_

How is your appetite? \_\_\_\_\_

Have you ever had any crises or lost anyone or anything close to you?  Yes  No  
(Tell about this.) \_\_\_\_\_

Date and reason of last visit to doctor \_\_\_\_\_

Are you taking any medication now?  Yes  No (If yes, why?) \_\_\_\_\_  
\_\_\_\_\_

Names of any medicine (including birth control pills) you are taking \_\_\_\_\_  
\_\_\_\_\_

**Psychological Information**

Have you ever been to a counsellor before?  Yes  No

If you have had counselling, when was it and for how long? \_\_\_\_\_  
\_\_\_\_\_

What was the name of the counsellor or agency? \_\_\_\_\_  
\_\_\_\_\_

Why did you see a counsellor and what did you talk about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important questions for you and your counsellor to talk about:**

Are you here because you want to be here?  Yes  No

Are you her because your parents want you to be here?  Yes  No

Who suggested you come to Cornerstone? \_\_\_\_\_

What concerns do you want to talk about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who knows about your problem(s)? \_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen as a result of coming here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My greatest fear is \_\_\_\_\_

My greatest hope is \_\_\_\_\_

Describe your life as a child (*Circle one*)

*very happy   happy   average   unhappy   very unhappy*

Describe your life as a teenager (*Circle one*)

*very happy   happy   average   unhappy   very unhappy*

Describe your life in the last six months (*Circle one*)

*very happy   happy   average   unhappy   very unhappy*

**Religion** (*Optional*)

What do you think about God? \_\_\_\_\_

\_\_\_\_\_

What does God think about you? \_\_\_\_\_

\_\_\_\_\_

Do you or your family go to a church?  Yes  No

➤ Which One? \_\_\_\_\_

**Additional Comments**

*Please use this space if there is anything you wish to add:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for your cooperation in completing this form!*