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Bradenton, FL 34208

INITIAL QUESTIONNAIRE FOR TEEN/FAMILY COUNSELING

What is the problem or concern that led you to seek therapy? How long has this been a problem or concern?

Have you sought counseling in the past to address the concerns that brought you here? If so, who did you see and when? Was the counseling helpful or not and why?

Does the problem identified above cause difficulties with other family members? ☐ no ☐ yes If yes please explain.

Does the problem identified above cause difficulties with your peers and or friends? ☐ no ☐ yes If yes please explain

Does the problem identified above cause difficulties in school or your job? ☐ no ☐ yes If yes please explain

CHECK ANY OF THE FOLLOWING FEELINGS AND BEHAVIORS THAT OFTEN APPLY TO YOU

☐Happy	☐ Hopeful	☐ Depressed	☐ Bored	☐ Fearful
☐Anger	☐ Optimistic	☐ Annoyed	☐ Panic	☐ Restless
☐Helpless	☐ Anxious	☐ Distracted	☐ Uncontrolled Crying	☐ Shame
☐Lonely	☐ Guilt	☐ Unhappy	☐ Relaxed	☐ Jealous
☐Difficulty Concentrating		☐ Loss of Control	☐ Procrastination	☐ Racing Thoughts
☐Temper Outbursts		☐ Impulsive Reactions	☐ Risky Behavior	☐ Eating Problem
☐Sleep Disturbances		☐ Repetitive Thoughts	☐ Use Drugs/Alcohol	☐ Smoke
☐Suicidal Thoughts		☐ Suicidal Attempts	☐ Withdrawal	☐ Trust Issues
☐Bullying Behavior		☐ Physical Aggressiveness	☐ Verbally Aggressive	

CHECK ANY OF THE FOLLOWING MEDICAL ISSUES THAT APPLY TO YOU

☐ Diabetes	☐ High Blood Pressure	☐ Seizures	☐ Heart Problems	☐ Asthma	☐ Skin Problems
☐ Kidneys	☐ Weight Management	☐ Arthritis	☐ Muscle/Joint Pain	☐ Headaches	☐ Stomach Problems
☐ Fatigue	☐ Urination/Bowels	☐ Tics	☐ Sexual Disturbances	☐ Nausea	☐ Menstrual Problems
☐ Numbness	☐ Immune System	☐ Tuberculosis		☐ Dizziness	☐ Ears/Nose/Throat

☐ Head Injury? If yes please indicate When_____How _____
☐ Major Operations? If yes please explain _____

Who is your Primary Care Physician?_____Okay to Contact? ☐ No ☐ Yes

Date of last physical Exam_____Rate present physical health ☐ Good ☐ Fair ☐ Poor

Allergies?_____

Medication	Frequency	Prescribed by	Length of Use

I certify the information provided is true and up to date:

_____ _____
Client Signature Date

_____ _____
Client/Parent (Guardian) Signature Date

Client Name _____