

ADOLESCENT INFORMATION

Name _____ Age _____ Birthday _____

Address _____

School _____ Grade _____

Hobbies _____

Job _____

Whom do you currently live with? _____

What is their relationship to you? _____

THOUGHTS CHECKLIST:

Please check how often the following thoughts that occur to you:

	Never	Rarely	Sometimes	Frequently
1. Life is hopeless.				
2. I am lonely.				
3. No one cares about me.				
4. I am a failure.				
5. Most people don't like me.				
6. I want to die.				
7. I want to hurt someone.				
8. I am so stupid.				
9. I am going crazy.				
10. I can't concentrate.				
11. I am so depressed.				
12. God is disappointed in me.				
13. I am disappointed with God.				
14. I can't be forgiven.				
15. Why am I so different?				
16. I can't do anything right.				
17. People hear my thoughts.				
18. I have no emotions.				
19. Someone is watching me.				
20. I hear voices in my head.				
21. I am out of control.				

Safe Harbor – Willow Park
 207 Canyon Court
 Willow Park, TX 76087
 Phone: 817-441-9345

Safe Harbor – Azle
 196 East Main Street
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 Phone: 817-444-1514

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ISSUES CHECKLIST:

Please indicate which of the following are **current** issues for you. Check all that apply:

- Not being able to say what you really think/ feel
- Under too much pressure and feeling stressed
- Feeling down or unhappy/depressed mood
- Excessive anxiety or worry
- Feeling inferior to others
- Angry outbursts
- Excessive fear of specific places or objects
- Difficulty making friends

Other problems I would like to talk about: _____

What do you hope to gain from counseling? _____

STRENGTHS AND HELPS:

What personal strengths do you feel you possess that may help you with your current difficulties? _____

Who or what has helped you cope with your current difficulties? _____

Who or what has helped you cope with past difficulties? _____

SPIRITUALITY:

Do you believe in God? YES NO What is your religious preference? _____

Are you a member of a church? YES NO If yes, which church? _____

How much influence does your religion or spirituality have on your daily activities? NONE A LITTLE SOME A LOT

What religious or spiritual resources in your life could be used to help you overcome your current difficulties? _____

Counselor's Use ONLY:

Does the client presently use...

- € Drugs _____
- € Alcohol _____
- € Tobacco _____

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