ADOLESCENT

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Name:_____ Date:_____

CURRENT PROBLEM

1. Please briefly describe the major problems for which you are seeking help: _____
_____
_____

2. How long have you had this problem? _____
3. What other problems would you like help with?_____
_____

4.Have you seen a counselor of any kind before? When? Why?_____
_____

5. What led you to seek help at this time?_____
_____

6. Who else knows that you have this problem?_____

PROBLEM CHECKLIST

Please check each of the items below that you have experienced recently:

- ❑ difficulty concentrating
- ❑ confused thoughts
- ❑ disturbing thoughts
- ❑ seeing things that aren't there
- ❑ hearing things
- ❑ trouble with my memory
- ❑ distrustful of others
- ❑ unreasonable fears
- ❑ people don't understand me
- ❑ the future looks grim
- ❑ feel like harming myself
- ❑ tire easily and often
- ❑ feel lonely
- ❑ don't like myself
- ❑ feel useless
- ❑ anxious and tense
- ❑ physical complaints
- ❑ headaches
- ❑ poor social life
- ❑ in trouble with the law
- ❑ act before thinking
- ❑ do not assert myself
- ❑ can't get things done
- ❑ aches and pains
- ❑ family problems
- ❑ relationship problems
- ❑ school problems
- ❑ panic attacks
- ❑ eating disorder
- ❑ trouble sleeping
- ❑ loss of appetite
- ❑ feel sad and blue
- ❑ feel like I have no control
- ❑ feel angry
- ❑ feel violent
- ❑ increased use of alcohol or drugs

PLEASE TURN OVER TO PG. TWO.....