

Constance Anne Klein, LCSW  
Tree of Life Psychotherapy  
1705 S. Pearl Street Suite 6  
Denver CO 80210  
720.261.4459

**TEEN INTAKE**

Today's date: \_\_\_\_\_

This information will help me get to know you. Leave blank any question you would rather not answer. Information you provide here will not be shared with others. **Thank you!**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street, City, Zip: \_\_\_\_\_

**Best way to reach you:**

Cell/Other Phone: \_\_\_\_\_ OK to leave a message?  Yes  No

Email: \_\_\_\_\_ May I email you?  Yes  No

\* Please be aware that email might not be confidential.

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street, City, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Personal Assessment:**

These questions should only take about 10-15 minutes. Share whatever you think will be helpful.

**OVER THE LAST WEEK, HOW HAVE YOU BEEN “ON AVERAGE” OR “USUALLY” REGARDING THE FOLLOWING:**

Low mood, sadness, feeling blah or down, depressed, just can't be bothered.

Hardly Ever    Much of the time    Most of the time    All of the time

Feelings of worthlessness, hopelessness, letting people down, not being a good person.

Hardly Ever    Much of the time    Most of the time    All of the time

Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.

Hardly Ever    Much of the time    Most of the time    All of the time

Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.

Hardly Ever    Much of the time    Most of the time    All of the time

Feeling worried, nervous, panicky, tense, keyed up, anxious.

Hardly Ever    Much of the time    Most of the time    All of the time

Thoughts, plans or actions about suicide or self-harm.

Hardly Ever    Much of the time    Most of the time    All of the time

**OVER THE LAST WEEK HOW HAVE THINGS BEEN AT:**

**SCHOOL**

Much better than usual    About the same as usual    Worse than usual    Much worse than usual

**HOME**

Much better than usual    About the same as usual    Worse than usual    Much worse than usual

**FRIENDS**

Much better than usual    About the same as usual    Worse than usual    Much worse than usual

**WORK**

Much better than usual    About the same as usual    Worse than usual    Much worse than usual

**Substance Use (This information is entirely confidential):**

Do you drink alcohol?  No  Yes If yes, age of first use: \_\_\_\_\_

How often do you have a drink containing alcohol?

Never  Monthly or less  2-4 times a month  2-3 times week  4 or more times a week

How many standard drinks containing alcohol do you have on a typical day when drinking?

1 or 2  3 or 4  5 or 6  7 to 9  10 or more

How often to you have six or more drinks on one occasion?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

**Other Substances:**

Drug	Ever used?	Age at 1 <sup>st</sup> use	Age at last use	Approximate use in last 30 days (e.g., 2 days out of 30)
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Methamphetamine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: _____	NA			

Do you use tobacco (including chew)?  No  Yes

If yes, how often? \_\_\_\_\_

Write down the two things in your life that either worry you the most or are causing you the most problems:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Write down the two things about you that cause your parents or other adults to be concerned about you or that you think might concern them if they know about these things:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

On average, how many times per week do you exercise (list different activities)? \_\_\_\_\_

\_\_\_\_\_

What activities do you engage in for recreation and relaxation? \_\_\_\_\_

\_\_\_\_\_

Are you able to participate in these activities as often as you would like?  Yes  No

If not, what gets in the way of doing so? \_\_\_\_\_

\_\_\_\_\_

What do you consider to be some of your strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you most like about yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please feel free to write anything else you would like to share about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you very much for taking the time to share this information!**