

Teen Intake Sheet



Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

What goals do you hope to accomplish in counseling? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete **all** of the following:

In order to understand me \_\_\_\_\_

What really hurts me \_\_\_\_\_

What I wish I could change \_\_\_\_\_

My childhood is \_\_\_\_\_

My greatest regret is \_\_\_\_\_

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

My greatest joy is \_\_\_\_\_

God is \_\_\_\_\_

Jesus Christ is \_\_\_\_\_

If you died today, would you spend eternity in Heaven? Yes \_\_ No \_\_ Unsure \_\_

Why? \_\_\_\_\_

I am afraid of

\_\_\_\_\_  
\_\_\_\_\_

I think that counseling is:

a.) A waste of time    b.) A good idea for others, not me.    c.) Important for me and my parent(s)

I would describe my relationship with my mother as

\_\_\_\_\_

I would describe my relationship with my father as

\_\_\_\_\_

I would describe my relationship with my grandparents as

\_\_\_\_\_