auxano counseling
6101 Chapel Hill Blvd
Suite 200
Hill Blvd. Suite
200 Plano, TX 75093
phone 972.312.8893
fax 972.312.8894

ADOLESCENT INTAKE

Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Email Address: _____

School: _____ Grade: _____

Hobbies: _____

Job: _____

What concerns have brought you to counseling today?

_____

_____

PROBLEMS CHECKLIST

Please rate each with a number: 1= Major Problem 2= Sometimes a problem 3= Never a problem

_____ Feeling accepted by my peers

_____ Feeling bad about the way I look/my body

_____ Worrying about whether I am normal

_____ Dealing with how I feel about my myself

_____ Dealing with my alcohol or drug abuse

_____ Excessive worry or anxiety

_____ Learning how to trust others

_____ Getting along with my parents or other family members

_____ Dealing with sexual feeling and/or problems

_____ Trying to decide on a career

_____ Dealing with problems at school

_____ Never eating or eating too much and vomiting to control weight

Are there any other problems or concerns you would like to address?

_____