

Adolescent Counseling Consent and Intake Form

Adolescent Information

Full Name

Date of Birth

Age

School/Grade

Address

Phone

Email

Preferred Pronouns

Parent/Guardian Information

Parent/Guardian Name(s)

Relationship to Adolescent

Parent/Guardian Phone

Parent/Guardian Email

Consent

I/We give consent for my child/adolescent to participate in counseling services.

Presenting Concerns

Please describe the main concerns or reasons for seeking counseling

Family & Medical Information

Are there any significant medical issues, diagnoses, or medications?

Family members in the household

Emergency Contact

Name

Relationship

Phone Number

Signatures

Parent/Guardian Signature

Date