

Adolescent Mental Health Intake Form

Personal Information

First Name

Last Name

Date of Birth

Age

Gender

Address

Parent/Guardian Name

Relationship

Parent/Guardian Phone

Parent/Guardian Email

Current Concerns

Reason for Seeking Help

How long have these concerns been present?

Describe any symptoms (e.g., mood, sleep, eating, behavior changes)

Mental Health & Medical History

Previous mental health treatment (therapy, medication, hospitalization, etc.)

Any previous diagnosis?

Current or past medical issues

Current medications

Family & Social Information

Family composition (parents, siblings, others at home)

School and grade

Academic performance/concerns

Friendships and social supports

Safety & Risk

Any concerns about safety (self-harm, suicidal thoughts, harm to others)?

Other important information