

# Adolescent Social Anxiety Assessment Intake Form

## Personal Information

Full Name

Date of Birth

Age

Gender

Grade/Year

Parent/Guardian Name

Contact Number

## Referral Information

Referred By

Reason for Referral

## Social Anxiety Concerns

Describe social situations that are difficult or cause anxiety

When were these difficulties first noticed?

How often do these feelings occur?

Specific situations that are particularly stressful

How does this impact daily life (school, friends, activities)?

## Coping & Support

Strategies used to cope

Who provides support/help?

### **Other Relevant Medical or Family History**

Relevant physical or mental health history

Family history of anxiety or related conditions

Additional Notes