GREEN WAVE FAMILY WELLNESS CENTER

215 Forest Park Circle Panama City, Florida 32405 * Office 850-215-5657

YOUTH-CLIENT INFORMATION FORM

Name: _____ Intake Date: _____
Would like to be called: _____ Date of Birth: _____/_____/_____
Month Day Year

Social Security Number: _____ Who referred you to this office? _____

Address: _____ Home Phone (____) _____
_____ Cell Phone (____) _____
_____ Parent's Cell (____) _____
School: _____ Employer: _____
Hobbies/Clubs: _____ Phone #: _____
_____ GW Counselor: _____
_____ Counseling Mode: ___Ind ___Grp ___Fam

INSURANCE INFORMATION

Insurance Co: _____ Policy #:_____
Are you the policy holder? Yes or No Have you met your deductible? Yes—No--Unsure
Name DOB and SSN of policy holder? _____

FAMILY INFORMATION

Parent/Guardian (Mother) _____ Home Phone (____) _____
Employer _____ Work Phone (____) _____
Parent/Guardian (Father) _____ Home Phone (____) _____
Employer _____ Work Phone (____) _____

Parents are: Married--Divorced--Single
Guardian's willingness to join counseling:
Mother (Yes --No--Maybe) Father (Yes --No--Maybe) Other: _____ (Yes --No--Maybe)

Bothers/Sisters: Name: _____ Gender _____Age_____
Name: _____ Gender _____Age_____
Name: _____ Gender _____Age_____
Name: _____ Gender _____Age_____

Other Members in Home:
Name and Relation: _____ Gender _____Age_____
Name and Relation: _____ Gender _____Age_____

Emergency Contact: Name: _____Relationship_____
Address: _____ Phone (____) _____

Please provide a brief explanation of the events or issues that led to the need to seek counseling services:

_____

_____

_____

_____

Client Name: _____

GENOGRAM OR FAMILY TREE

OPTIONAL

(Siblings, Parents and Grandparents, Significant others)

(Include information on the quality of relationships, member's activities in religion, recreation/hobbies and job)

PERSONAL HISTORY

List your medical history/health problems (Include eating, sleeping, head/stomach aches, hives, & stress patterns)

_____

_____

_____

_____

Are you currently seeing any medical/counseling professionals? If so, who and for what reason?

_____

_____

Are you on any medications and if so, what and for what reason? _____

_____

Is there any history of mental illness or suicide in your family? _____

_____

Is there any history/current abuse? Physical ____ Sexual _____ Emotional_____ Neglect _____

IF so, by whom, on whom, when, how, and where? _____

_____

_____

Client Name: _____

ALCOHOL AND DRUG USE

How would you describe your use of alcohol or drugs? (Circle one) Never used, Use, Misuse, Abuse

If you have used drugs or alcohol, what types, for what reasons, with whom, when, and how often?
_____

_____

_____

Please describe what history of drug or alcohol problems may exist in your family or close relationships?

_____

_____

_____

CLIENT=S DATING HISTORY

Have you dated and if so how long in each of the last three relationships? _____

_____

_____

Where did you receive your sex education? _____

What was the reason for your last break up? _____

_____

_____

Does your parent (s) like your friends? _____ How would they describe the people you most hang out with?

_____

_____

If your guardians were fussing at you what would they be fussing about and how would this differ between each Guardian? _____

_____

_____

Who is your best friend and what would I see you and your best friend most often doing together?

_____

_____

EDUCATIONAL HISTORY

What is/was your current/last level of education? _____

If you are in school, what kind of grades do you make: (circle one)
(A=s) (A=s & B=s@) (B=s) (B=s & C=s) (C=s) (C=s & D=s) (D=s) (D=s & F=s) (F=s)

How is/was your attendance? _____

Client Name: _____

How would your teachers/employers describe you? _____

_____

_____

Do you have any disciplinary troubles or peer difficulties (fights, ridicule, relationship difficulty) if so, what?

_____

Do you have a juvenile delinquency record? _____ List any charges and dates: _____

_____

What are some skills you see yourself as having that are positive? (Computer, communication, art, musical instruments....)_____

_____

_____

_____

What do you see yourself doing (goals) in:

Short term (1 year) _____

Mid term (3 years) _____

Long term (10 years) _____

Have there been any significant events or changes in the past 9 months (deaths, moves, crisis, changes in relationships, job, income, school.)_____

_____

_____

_____

_____

_____

List any significant changes or events expected within the next year? _____

_____

_____

Describe a typical day (school, work, social, religious, and other activities).

_____

_____

_____

Are any of the following a challenge to you: culture, ethnicity, religion, lifestyle, age, physical challenges?

_____

_____

If you had a problem, who would you most likely talk to? _____

_____

If it were an adult you went to for help who would it be and what would they say at present?

_____

_____

_____

Client Name: _____

CURRENT PROBLEM IMPACT

On a scale of 1-10, how much does this problem that brought you in interfere with your everyday living?
1 = little.....10 = greatly _____ Are you or have you been suicidal? ___Yes ___ No

What thoughts, feelings, and behaviors are associated with your problem? _____

_____

_____

_____

_____

How does the problem interfere with your everyday living? _____

_____

_____

_____

Do you have any physical stress related complaints? _____

When did this problem that brought you in first appear? _____

How often does the problem affect your life? _____

_____

_____

Do you notice any patterns (people, places, or events/before, during or after) that surround the problem? _____

_____

_____

What actions have you taken to deal with the problem? _____

_____

_____

What strengths do you have that have helped you deal with the problem?
_____

_____

_____

Who is on your side that is or could be helpful with this struggle you are facing? _____

_____

What caused you to seek counseling at this time? _____

_____

_____

If you have had experiences with counselors/counseling in the past, what was helpful and what was not helpful?

_____

_____

_____