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## Adolescent Intake Form (for Ages 11 to 17)

This form is to be filled out by adolescents ages 11 to 17. This information will help your therapist understand you from your point of view.

**DESCRIBE THE ISSUE** that brings you to therapy:

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**Problem Areas:** In the following list, please prioritize each item which identifies an area of concern to you by numbering them. For example, the number 1 would be placed by the item which concerns you the most today.

- |   |   |
|---|---|
| <input type="checkbox"/> Anger                              | <input type="checkbox"/> Sexual Issues            |
| <input type="checkbox"/> Anxiety                            | <input type="checkbox"/> Thoughts of Suicide      |
| <input type="checkbox"/> Behavior                           | <input type="checkbox"/> Trouble making decisions |
| <input type="checkbox"/> Depression                         | <input type="checkbox"/> Unhappy most of the time |
| <input type="checkbox"/> Education                          | <input type="checkbox"/> Use of Alcohol           |
| <input type="checkbox"/> Family Problems                    | <input type="checkbox"/> Use of Drugs             |
| <input type="checkbox"/> Fearfulness                        | <input type="checkbox"/> Worry                    |
| <input type="checkbox"/> Marital Issues                     | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Problems with Social Relationships |   |

Please describe any previous counseling/therapy you have experienced:

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What is the main thing you want to see changed when you have completed therapy?

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Is there anything else which you believe might be important for your counselor to know at this time? \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_