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INTAKE QUESTIONNAIRE- Teen

Please answer all of the questions as best as you can. If you are uncertain about how to respond to a question, give your best answer or leave it blank. If you feel uncomfortable answering a question, you may leave it blank. Many questions are very personal, so please keep the form in a private place until your appointment. Please bring the completed questionnaire with you to your first appointment. Thank you.

FAMILY HISTORY

Mother's name _____ Age: _____

Occupation: _____

Father's name _____ Age: _____

Occupation: _____

Please list below the name(s) and age(s) of any brothers and/or sisters, step-brothers and/or step-sisters you have.

Are you parents separated or divorced? If yes, please write how long and how you feel about it.

Do you have stepparents? If yes, please write their name(s) and age(s) below:

SCHOOL

School Name: _____

Grade: _____

What type of grades do you usually get? _____

What are you favorite subjects? _____

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List any subjects that you have failed _____

Who and/or what leads to you getting in trouble at school? _____

Have you ever repeated a year of school? Yes No

Have you ever been in a special class at school? Yes No

Please list the activities that you are involved in at school and outside of school (sports, clubs, music, etc.) _____

Please list who you live with:

NAME _____ AGE _____ RELATIONSHIP _____

Please briefly describe what is bringing you into therapy at this time, and what you hope to accomplish in therapy. _____

What makes you angry? _____

What makes you happy? _____

What makes you sad? _____

What do you like most about yourself? _____

FOR THE FOLLOWING QUESTIONS, PLEASE CIRCLE ALL OF THE ANSWERS THAT YOU FEEL APPLY TO YOU

FAMILY

Parents make too many demands

Get criticized a lot

Am often treated unfairly

Fight with siblings

Want more freedom

Don't like having to rely on parents

Think my parents dislike me

I'm embarrassed by my parents

Think my parents are disappointed by me

My parents are too busy

Think my siblings get more attention than me

I want to run away from home

Other: _____

FRIENDSHIPS

Difficult to make friends

Difficult to keep friends

Pick "bad" friends

Other kids have more fun than me

Get into fights

Don't know how to date

Get nervous around girls

Get nervous around boys

Don't have time to have fun

Don't have anywhere to hang out

Have trouble holding conversations

Am easily influenced by other kids

Lose my temper easily

I have some close friendships

My feelings are easily hurt

I am shy

I get left out a lot

I'm not as good as my friends

I am jealous

I feel embarrassed about sex

Other: _____

SCHOOL

Don't like to study

Don't spend enough time studying

Can't sit still in school

Can't concentrate in class

Dislike school

Have trouble with homework

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Find school boring

Am afraid to speak in class

School is easy

I think I'm smart

Dislike some teachers

Some teachers dislike me

Don't fit in Dislike other kids

Feel sick in the morning before school

Feel sick at school

Other: _____

PERSONAL

I don't get enough sleep

I want to be perfect

I sometimes think

I'd be better off dead Failure is terrible

I do thinks to get back at people who hurt me

I can do anything I set my mind to

I want others to approve of me

I experience strange sensations

People see me as someone

I'm notI like my body and looks

I am often irritable

I am often depressed

I have crying spells or feel like crying

I am gaining or losing weight

My mind is clear

I feel hopeful about the future

Other: _____

