TEEN INTAKE FORMS (15-17)

MINOR ASSENT FORM - TEEN

Therapy is a great way to work on problems and/or concerns relevant to you and your parents and/or caretakers. Part of successful treatment includes being open and honest with your therapist and trying out the things we talk about in treatment in your daily life.

Your therapist will make every effort to be clear about your privacy. Typically, your therapist will share general information with your parents/caretakers, such as whether you attended sessions and if you appear to be participating in treatment. Unless one of the situations your therapist discussed with you comes up (issues of child abuse, wanting to hurt yourself or others, or very risky behavior), your therapist will keep the specifics of therapy private. Sometimes you and your therapist may agree to involve your parents/caretakers in treatment, or to consult with them to get more information. However, you should also know it is legal in Iowa for parents and/or caretakers to access your treatment records.

Signing below indicates that you have reviewed the policies described above and understand the limits to your confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor's Signature _____ Date_____

Parent/Guardian: ***Initial the points below and include your signature at the bottom to indicate your agreement to respect your child's privacy***:

____ I will refrain from requesting detailed information about individual therapy sessions with my child in efforts to respect their rights to confidentiality with their therapist.

____ I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

____ Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's treatment before speaking with my child and/or their therapist.

____ I understand that I will be informed about situations that could seriously endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and legal obligations.

Parent/Caretaker Signature _____ Date_____

Parent/Caretaker Signature _____ Date_____

DEMOGRAPHIC FORM - TEEN

Name: _____

Name of parent/guardian (if under 18 years):_____

Age: _____

I identify my gender as: _____

I identify my race and/or ethnicity as: _____

My religious affiliation is (if any):_____

What is your highest level of education obtained?

- ☐ Elementary
- ☐ Junior High
- ☐ Some High School
- ☐ High School Diploma
- ☐ Other: _____
- ☐ Some College
- ☐ College Degree

Number of individuals in my household is:_____.

My household income is: _____

On average, I work about _____ hours per week.

What is your relationship status?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Cohabitating/Live with
- ☐ Other _____

How did you hear about us?

_____

_____

_____

The Olson Marriage & Family Therapy Clinic

Current Symptom Checklist

I AM FEELING…	Never	Rarely	Sometimes	Frequently	For how long?
Decreased interest in pleasurable activities					
Social Isolation, Loneliness					
Suicidal Thoughts					
Bereavement of Feelings of Loss					
Changes in sleep (too much or not enough)					
Normal, daily tasks require more effort					
Sad, hopeless about the future					
Excessive feelings of guilt					
Low self-esteem					

I AM EXPERIENCING…	Never	Rarely	Sometimes	Frequently	For how long?
Frequent worry or tension					
Fear of many things					
Discomfort in social situations					
Feelings of guilt					
Phobias: unusual fears about specific things					
Panic Attacks: Sweating, trembling, shortness of breath, heart palpitations					
Recurring, distressing thoughts about a trauma					
“Flashbacks” as if reliving the traumatic event					
Avoiding people/places associated with trauma					
Nightmares about a traumatic experience					

I NOTICE…	Never	Rarely	Sometimes	Frequently	For how long?
I am Angry, Irritable, Hostile					
I feel euphoric, energized and highly optimistic					
I have racing thoughts					
I need less sleep than usual					
I am more talkative					
My mood fluctuates: go up and down					

I HAVE…	Never	Rarely	Sometimes	Frequently	For how long?
Memory problems or trouble concentrating					
Trouble explaining myself to others					
Problems understanding what others tell me					
Intrusive or strange thoughts					
Obsessive Thoughts					
Been hearing voices when alone					
Problems with my speech					

I HAVE…	Never	Rarely	Sometimes	Frequently	For how long?
Risk-taking behaviors					
Compulsive or repetitive behaviors					
Been acting without concern for consequence					
Been physically harming myself					
Been violent toward other(s)					

MY EATING INVOLVES…	Never	Rarely	Sometimes	Frequently	For how long?
Restriction of food consumption					
Bingeing and Purging					
Binge Eating					
A lot of weight loss					
A lot of weight gain					

I HAVE…	Never	Rarely	Sometimes	Frequently	For how long?
Concern about my sexual function					
Discomfort engaging in my sexual activity					
Questions about my sexual orientation					

EMPLOYMENT & SELF CARE	Never	Rarely	Sometimes	Frequently	For how long?
I have problems getting/keeping a job					
I have problems paying for basic expenses					
I am afraid of becoming homeless					
I have problems accessing healthcare					

Psychiatric History

Prior outpatient psychotherapy? YES NO

Provider Name	City	State	Diagnosis	Intervention/Modality	Beneficial?

Prior inpatient psychotherapy? YES NO

Provider Name	City	State	Diagnosis	Intervention/Modality	Beneficial?

Prior and/or current medication use? YES NO

Medication	Dosage	Frequency	Start Date	End Date	Physician

Has any family member had mental or emotional problems that warrant treatment? YES NO
If yes, who / what / why (list all):

_____

_____

_____

Relationship and Family History

Relational status

- ☐ Single
- ☐ Married
- ☐ Separated/Divorced
- ☐ Cohabitating
- ☐ Other _____

Intimate relationship

- ☐ never been in a serious relationship
- ☐ not currently in relationship
- ☐ currently in a serious relationship

Relationship satisfaction

- ☐ very satisfied with relationship
- ☐ satisfied with relationship
- ☐ somewhat satisfied with relationship
- ☐ dissatisfied with relationship
- ☐ very dissatisfied with relationship

List family members

Name	Age	Gender	Relationship to Client

Medical History

Describe any past or current significant issues in intimate relationships or immediate family relationships:

_____

_____

_____

Describe current physical health ☐ Good ☐ Fair ☐ Poor

Comments:

_____

_____

_____

List any non-psychiatric medications and supplements currently being taken (give dosage and reason ☐ Not applicable

_____

_____

_____

List any known allergies ☐ Not applicable

_____

_____

_____

Substance and Alcohol Use History

I USE THE FOLLOWING…	Never	Rarely	Sometimes	Frequently	For how long?
Alcohol					
Nicotine					
Marijuana					
Cocaine					
Opiates					
Sedatives					
Hallucinogens					
Stimulants					
Methamphetamines					

Client Treatment History

- ☐ Outpatient (age[s]) _____
- ☐ Inpatient (age[s]) _____
- ☐ 12-step program (age[s]) _____
- ☐ Stopped on own (age[s]) _____
- ☐ Other (age[s]) _____

Family alcohol/drug abuse history

- ☐ father
- ☐ mother
- ☐ grandparent(s)
- ☐ sibling(s)
- ☐ stepparent/live-in
- ☐ uncle(s) and/or aunt(s)
- ☐ spouse/significant other
- ☐ children
- ☐ other _____

es of Substance and/or Alcohol Use

- ☐ hangovers
- ☐ seizures
- ☐ blackouts
- ☐ Accidental overdose
- ☐ Binges
- ☐ Arrest(s)
- ☐ Withdrawal symptoms
- ☐ Medical conditions
- ☐ Increase of Tolerance
- ☐ Loss of control over amount used
- ☐ Job Loss
- ☐ Other: _____
- ☐ Sleep disturbance
- ☐ Assault(s)
- ☐ Suicide Attempt(s)
- ☐ Suicide Impulse/Thoughts
- ☐ Relationship Conflicts

Socio-Economic Status History

Living situation

- ☐ housing adequate
- ☐ homeless
- ☐ housing overcrowded
- ☐ dependent on others for housing
- ☐ housing dangerous/deteriorating
- ☐ living companions dysfunctional

Social support system

- ☐ supportive network
- ☐ few friends
- ☐ substance-use-based friends
- ☐ no friends
- ☐ distant from family of origin

Financial situation

- ☐ no current financial problems
- ☐ large indebtedness
- ☐ poverty or below-poverty income
- ☐ impulsive spending
- ☐ relationship conflicts over finances

Employment

- ☐ employed and satisfied
- ☐ employed but dissatisfied
- ☐ unemployed
- ☐ coworker conflicts
- ☐ supervisor conflicts
- ☐ unstable work history
- ☐ disabled: _____

Legal history

- ☐ no legal problems
- ☐ now on parole/probation
- ☐ arrest(s) not substance-related
- ☐ arrest(s) substance-related
- ☐ court ordered this treatment
- ☐ jail/prison _____ time(s), total time served: _____