

Olympia Center For DBT Initial Intake Information - Adolescent

Please describe why you are currently seeking counseling:

In your opinion, how severe is the problem:

I don't think it is a problem, I'm here because someone else believes I should be.

Mild Moderate Severe Debilitating

How long have you had this problem? _____

Which of the following has this problem affected?

Performance at school Relationships with family Relationships with peers Health

Have you ever been treated for this problem before? Yes No
If so, when and by whom?

Have you ever been a patient in a psychiatric hospital? Yes No
If so, when and where?

Do you currently have any thoughts of suicide Yes No
If so, do you have a plan? Yes No
If so, what is your plan?

Are you currently taking any medications? Yes No
If so, please list the medications and dosages:

Family History:
Who is primarily raising you?

How many children are in your household?

Which child are you?

Oldest Middle, or a middle child Youngest Does not apply, only child

In what city were you born?

Describe your relationship with your mother.

Describe any medical problems your mother has/had:

Describe your relationship with your father.

Describe any medical problems your father has/had:

If adopted, please describe your relationship with your adopted mother:

If adopted, please describe your relationship with your adopted father:

Current age of parents: Biological: _____ Mom _____ Dad
Adoptive: _____ Mom _____ Dad

Which of the following describe your living environment?

- Safe, nurturing, very little arguments
- Chaotic, unpredictable, arguments, but no physical fighting
- Abusive
- Violent
- Drugs and/or alcohol involvement

What do your parents do for a living?

What is the main source of income for your family?

Father's job Mother's job Both parent's job Other: _____

What were the conditions of your birth?

Do not know Normal Premature Complications
 Twin/Triplett Other: _____

Has any member of your biological family been diagnosed with a mental illness (depression, bipolar disorder, schizophrenia, etc)? No Yes

If so, who, and what is/was their diagnosis?

Has any member of your biological family had problems with drugs and/or alcohol?

No Yes

If so, who?

Educational History:

To your knowledge, when did you learn to walk and talk?

How old were you when you started school?

Did you have any problems when you first started school?

If so, please describe:

Which of the following describes your average grades in grade school?

_____ Excellent _____ Good _____ Average _____ Poor

What grade are you currently in?

Health and Medical History:

Do you currently have any physical problems that are being treated by a medical doctor?

If so what?

Do you currently have any physical problems that are not being treated by a medical doctor?

If so what?

How many cigarettes do you smoke a day?

_____ None, have never smoked _____ None, but used to smoke _____ Less than one pack a day

_____ One pack a day _____ More than a pack a day

How long have you been smoking cigarettes?

Do you drink alcohol?

_____ No _____ Regularly _____ Occasionally _____ Daily

When you drink alcohol, how many drinks do you usually have?

_____ Does not apply _____ One or two _____ Three or four

_____ Five to seven _____ More than 8

Do you use any illegal drugs?

_____ No _____ No, but did in the past _____ Occasionally

_____ Regularly _____ Daily

Which drugs do you use currently?

Which drugs have you use in the past?

How long have you used drugs - either currently or in the past?

Which of the following have you experienced as a result of your drug and/or alcohol use?

- None
- Missed school because of drinking and/or using
- Have been in physical fights because of drinking and/or using
- Have been arrested for an alcohol or drug related incident
(i.e. minor in possession, assaulted while intoxicated, etc.)
- Have driven after drinking or using
- Have had an accident while driving intoxicated or under the influence of drugs and/or alcohol
- Lost driver's license because of drinking or using
- Had arguments with friends or relatives while drinking and/or using, or because of drinking and/or using

Has there been a recent change in your weight?

No Yes, increase Yes, decrease

If so, how much have you gained/lost? Gained Lost
To what do you attribute this weight loss or gain?

Has there been a recent change in your appetite?

If so, what?

How many times do you exercise each week?

When you exercise, how long do you exercise?

Do you ever intentionally throw up?

No Yes, but not since ___/___/___
 Yes, currently Number of times per day

Are you sexually active? No Yes

Have you ever been sexually abused? No Yes

If so, when and by whom?

Was the person prosecuted?

What problems do you have with sleep?

None Trouble falling asleep Wake up during the night
 Wake up too early Don't feel rested after waking

How many hours of sleep do you get per night (average)?

And finally, what are your goals for counseling?