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ADOLESCENT FORM

Name _____ Birth Date _____

EDUCATION:

What was the last grade you completed? _____

Do you like school? Yes ___ No ___ Why or why not: _____

Describe your strengths and weaknesses in school: _____

Describe extracurricular activities:

Grade School: _____

Middle School: _____

High School: _____

Do you have any problems in school? _____ Please Explain: _____

Are you planning on going to college? Yes ___ No ___ Why or why not? _____

YOUR RELATIONSHIP WITH YOUR PARENTS:

How do you get along with your parents? _____

How do you feel about your parents? _____

How do you handle problems with your parents? _____

What forms of discipline do your parents use? _____

To what extent can you rely on your parents for support (emotional and/or financial)? _____

Check any of the following that apply to you or a family member:

Happy Childhood ___

School Problems ___

Family Problems ___

Unhappy Childhood ___

Emotional Problems ___

Medical Problems ___

Behavior Problems ___

Alcohol Problem ___

Gambling Problem ___

Legal Problems ___

Drug Problem ___

Other _____

SOCIALIZATION

Did you make friends easily as a child? Yes ____ No ____

Do you make friends easily now? Yes ____ No ____ Do you keep them? Yes ____ No ____

To what extent can you rely on your friends for help (emotional and/or financial)? _____

Have you ever been bullied or teased? _____

Do you date much? _____

ALCOHOL/DRUGS:

Have you used alcohol? Yes ____ No ____

If yes, how often do you have a drink containing alcohol? _____

How many drinks do you usually have when you are drinking? _____

Do you smoke cigarette? Yes ____ No ____ If yes, how many in a day? _____

Have you ever used drugs other than for medical reasons? Yes ____ No ____

If yes, what drugs have you used? _____

Have you ever used drugs prescribed for someone else? _____

Do you gamble? Yes ____ No ____ If yes, how often? _____

If yes, have you ever felt the need to bet more and more money? Yes ____ No ____

If yes, have you ever lied to people important to you about how much you gamble? Yes ____ No ____

Any legal problems? Yes ____ No ____

If yes, please explain: _____

RECREATION/LEISURE

What do you like to do for fun? _____

How often do you get to do fun stuff? _____

Who do you like to have fun with? _____

Is there anything else you would like me to know about you or your life? _____
