# **ADOLESCENT INTAKE FORM**

**Date: Name of Adolescent:**

**Birth Date: Age:**

**Address: Home Phone:**

**City: State: Zip:**

**Mother’s Name: Father's Name:**

**Mother’s Work Phone: Father’s Work Phone:**

**Mother’s Cell Phone: Father’s Cell Phone:**

**Mother’s Email: Father’s Email:**

**Who has legal custody of the adolescent? (Check all that apply):**

** Mother and father are currently married to each other and thus both have Legal and Physical custody.**

* **Joint Legal Custody**
* **Mother has primary Legal custody**
* **Father has primary Legal custody**
* **Joint Physical Custody**
* **Mother has primary Physical custody**
* **Father has primary Physical custody.**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: Grade: Age: Sex:**

**Adolescent’s current weight: Height: Health:**

**Who referred you here to our office?**

**Do you identify with, or practice a particular Faith?**

**How did you find out about our services?**

**Please Check all that apply:**

**\_\_\_\_ internet search \_\_\_referred by Dr:**

**neighborhood directory \_\_\_referred by attorney:**

**yellow pages \_\_\_referred by former patient:**

**other (explain below) ­­**

**Date of adolescent's most recent physical exam:**

**Name of adolescent's Primary Physician:**

**Address:**

**Phone:**

1. In your own words, please summarize the problems which bring you and your adolescent here today:

1. Is there any pending or potential litigation regarding custody, visitation, adolescent support, adolescent abuse, etc.? If so, please explain**:**
2. What medication (and dosage) is your adolescent currently taking**:**
3. What is the name and phone number of the prescribing Physician?
4. Is your adolescent currently seeing, or has seen in the past, another mental health professional? If so, whom? And for what purpose?

**Name of Adult filling out this form:**

**Relationship to Adolescent:**

**Date:**

**Signature:**  **Printed Name:**

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***Thank you for choosing and trusting us with your Counseling Needs!!***

***North Point Lighthouse Counseling, where we strive to Cultivate Hope & Encourage Change!!***