

# Taft Counseling Center, Inc.

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Do you live at home? Yes No, If not, who are you living with? \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ SSN \_\_\_\_\_

## Family Members at Home:

Names	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Family Members Away from Home:

Names	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you attend church? Yes No Where \_\_\_\_\_

What do you like to do? \_\_\_\_\_

What work are you expected to do at home? \_\_\_\_\_

Do you have a job away from home? Yes No If so, where \_\_\_\_\_

Who is your best friend? \_\_\_\_\_

Are you angry? Yes No If so, Why \_\_\_\_\_

Are you feeling sad/depressed? Yes No If so, Why \_\_\_\_\_

Are you scared/anxious? Yes No If so, Why \_\_\_\_\_

Do you have anger toward others Yes No If yes who \_\_\_\_\_

Has your Appetite changed lately? Yes No Are you having trouble Sleeping? Yes No

Are you easily distracted? Yes No Are you having difficulty with daily routine? Yes No

What makes you happy? \_\_\_\_\_

What else do you want me to know about you? \_\_\_\_\_

What else do you want me to know about your family? \_\_\_\_\_

Why did you come to see me? \_\_\_\_\_

How do you feel about being here? \_\_\_\_\_

May we discuss your therapy with your parents? Yes No Signature \_\_\_\_\_