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ADOLESCENT/YOUNG ADULT SELF-REPORT FORM (AGES 13 THROUGH 17)

(TO BE FILLED OUT BY CLIENT)

Your Name: _____

Today's Date: _____ Your Age: _____

Your Address: _____

Phone Number: _____

Parents Names: _____

Parents

Addresses: _____

What kinds of problems are you having with: (Describe any that apply):

Parents/stepparents/guardians: _____

Parents live-in friends/boyfriends/girlfriends: _____

Brothers or sisters/Stepbrothers or stepsisters: _____

What school do you go to: _____

Grade level/year: _____

How are your grades: _____

Problems in school: _____

Do you work: _____ If so, where do you work: _____

Problems at work: _____

Who are your close friends: (names and ages) _____

What are they like: _____

Do you have a serious romantic relationship: _____

Do you party: _____

If so, when and where: _____

How tall are you: _____

How much do you weigh: _____

What do you consider to be your ideal weight: _____

How is your sleep: _____

What medical problems have you had/do you have: _____

Have you ever received counseling/therapy: _____

For what: _____

When and where: _____

What were the results: _____

Would you like information on:

Sex

Alcohol

Drugs

Birth control

Relationships

Other

Is religion important to you and/or your family. If so, in what ways: _____

What worries you: _____

What makes you sad: _____

What makes you happy: _____

What do you like most about yourself: _____

What do you wish you could change: _____

Why do you think you are at counseling: _____

What would you like to see happen or change because of counseling: _____

What would you like me to let your parents know: _____

What else is important for me to know: _____

What would you like me to ask you about: _____
