



Blissful Path Therapy

Follow your bliss _____

ADOLESCENT INTAKE EVALUATION

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Date of Birth: _____ Social Security #: _____

What grade are you in? _____ Gender: Male Female

How is your overall health? Very Good Good Average Poor

Who is your Doctor? _____

When was the last time you visited the Doctor's office? _____

Are you currently under a Doctor's care? Yes No

For what condition? _____

Do you use drugs? _____

What is your drug of choice? _____

How often? _____

Do you drink alcohol? _____

What is your drink of choice? _____

How often? _____

Do you use prescription drugs? _____

What kind? _____

How often? _____

Describe your relationship with your mother: _____

Describe your relationship with your father: _____



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Where are you in the birth order? Oldest 2nd 3rd 4th Youngest Only

List your brothers and sisters in order of their age, including yourself:

Do you have a boyfriend or girlfriend? Boyfriend Girlfriend None

How old is he/she? _____ How did you meet? _____

Do your parents approve of this relationship? Yes No

If no, why not? _____

Types and length of employment: _____

Briefly describe what is troubling you: _____

Who have you discussed this with? _____

What was their response? _____

Check any of the following that you have experienced in the last six months:

- | | | |
|--|--|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Envy (Jealousy) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Dislike of yourself | |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Eating Difficulties | |
| <input type="checkbox"/> Change in lifestyle | | |
| <input type="checkbox"/> Depression | | |



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Follow your bliss _____

- Fear
- Guilt
- Health
- Homosexuality
- Recent Death
- Rebellion
- Impotence
- Sexually Active
- Suicidal Ideation
- Loneliness
- Peer Pressure
- Problems with Mom or Step-Mom
- Problems with Dad or Step-Dad
- Thoughts of Suicide
- Unforgiveness
- Drugs/Alcohol
- Body Image Issues

Signature: _____

Date: _____