**Janell W. Harvey, LPC,**

**805 Holcomb Boulevard Ocean Springs, MS 39564**

**Appointment: 228 324-5767 Counselor: 228 326-2023**

**LPC # 0388**

 **jharvey@islandscounseling.com www.islandscounseling.com**

**Adolescent Information Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nickname/Name you want to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_**

**Complete e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does anyone else have access to your e-mail address?** 􀀀 **Yes** 􀀀 **No**

**Living Arrangement**

􀀀 **Parents** 􀀀 **One Parent** 􀀀 **Different according to time** 􀀀 **Guardian**

**Parent’s/Guardian’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where do you go to school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Highest Grade Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you employed/where? \_\_\_\_\_\_\_\_\_\_\_\_\_ Do you enjoy your job?** 􀀀 **Yes** 􀀀 **No**

**Name of Church (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you participate in the decision to start counseling?** 􀀀 **Yes** 􀀀 **No**

**Previous History**

**Please describe what brings you to counseling at this time.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you hope to gain through counseling?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What have you already done to deal with the difficulties?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had previous psychological counseling or psychiatric help? Please check all that apply.**

􀀀 **Individual counseling** 􀀀 **Group Counseling** 􀀀 **Hospitalization(s)**

**FOR EACH ISSUE, CIRCLE THE NUMBER TO SHOW HOW MUCH EACH**

**ISSUE HAS *DISTRESSED, WORRIED, OR BOTHERED YOU IN THE PAST MONTH*.**

**1-Not at all 2-SIight 3-Moderate 4-Considerable 5-Extreme**

1 Feeling angry 1 2 3 4 5

2 Feeling timid or shy 1 2 3 4 5

3 Feeling depressed 1 2 3 4 5

4 Being easily embarrassed 1 2 3 4 5

5 Feeling like a failure 1 2 3 4 5

6 Feeling on the verge of tears 1 2 3 4 5

7 Being ill at ease with others 1 2 3 4 5

8 Feeling discouraged 1 2 3 4 5

9 Not feeling like eating 1 2 3 4 5

10 A lack of friends 1 2 3 4 5

11 Feeling shy with the opposite sex 1 2 3 4 5

12 Blame, criticize or condemn others 1 2 3 4 5

13 Difficulty holding conversations 1 2 3 4 5

14 Feeling hopeless 1 2 3 4 5

15 Headaches 1 2 3 4 5

16 Difficulty with sleep 1 2 3 4 5

17 Stay by yourself a lot 1 2 3 4 5

18 Feeling tense and nervous 1 2 3 4 5

19 Upset stomach 1 2 3 4 5

20 Suicidal thoughts 1 2 3 4 5

21 Problems with family 1 2 3 4 5

22 Upset by academic concerns 1 2 3 4 5

23 Stress related to school 1 2 3 4 5

24 Being overweight 1 2 3 4 5

25 Problems with anxiety 1 2 3 4 5

26 Unhappy with family 1 2 3 4 5

27 Unwanted sexual experiences Yes No

28 Experienced physical abuse Yes No

29 Experienced emotional abuse Yes No