

**Northern Virginia Integrative Therapy Center**

**Adolescent Questionnaire**

Please provide the following information and answer the questions below.

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Best contact phone number? \_\_\_\_\_ Email \_\_\_\_\_

Who do you live with?

\_\_\_\_\_ Both parents \_\_\_\_\_ One parent \_\_\_\_\_ Parent and Parent's Friend  
\_\_\_\_\_ Other Please explain \_\_\_\_\_

Parents' Names Mother \_\_\_\_\_ Father \_\_\_\_\_  
Mom's phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_  
Dad's phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_  
Other \_\_\_\_\_

Do you have siblings, If so how many and ages?

\_\_\_\_\_

Do you have siblings that do not live with you? \_\_\_\_\_

Do you have step brothers/sisters? If so do you get along with them?

\_\_\_\_\_

\_\_\_\_\_

Who do you tend to spend the most time with/ hang out with in your family?

\_\_\_\_\_

How often does your family spend time together, and what kind of family activities do you do regularly? \_\_\_\_\_

\_\_\_\_\_

How often do you take family vacations and where do you go? Are they fun?

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Does your family eat dinner together? How often? Do you sometimes help cook dinner? \_\_\_\_\_

What brought you to counseling? \_\_\_\_\_

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Have you ever been in counseling? \_\_\_\_\_

How can I help you?

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In the past month, which feelings have you experienced?

\_\_\_\_ Sad    \_\_\_\_ Angry    \_\_\_\_ Happy    \_\_\_\_ Frustrated    \_\_\_\_ Peaceful

Do you consider yourself a: (circle the one you feel the most):

Happy Person    Sad Person    Angry Person

What would you like to change about you, or about your family situation?

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What do you like about school?

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What do you dislike about school? \_\_\_\_\_

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Do you have a best friend, or group of friends you hang out with?

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What do you enjoy doing with your friends? And how often do you get together?

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What are your hobbies & interests? \_\_\_\_\_  
\_\_\_\_\_

Do you play sports? Which ones? On a team?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health/medical issues? Are you on medication? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like me to know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If under 18 please have parent or legal guardian read, sign and date this portion.

Please note that the Northern Virginia Integrative Therapy Center does not participate with insurance companies. Payment is due at the time of service, and clients file their claims with their insurance company. If you have a PPO insurance plan, we recommend you contact your insurance company and ask for their reimbursement %.

Please initial. \_\_\_\_\_

I understand that professional counselors, marriage and family therapists and allied healthcare practitioners at the Northern Virginia Integrative Therapy Center are behavioral health professionals and are not medical doctors and do not prescribe medication.

Please initial. \_\_\_\_\_

Client/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_