



WATERSHED

COUNSELING AND CONSULTING

Intake Questionnaire, Youth

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Email: _____

(Please circle any addresses, phone numbers or e-mails that you **DO NOT** want me using to reach you OR leaving a message. I do not want to compromise your confidentiality or create an uncomfortable situation.

Please give the following info for each person that currently lives in your home, *including yourself*:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking any prescription psychiatric medications? _____

Dr./Drug	Reason	How Long
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any current or expected legal involvement? _____ If yes, please explain: _____

Who may we contact in the event of an emergency? _____

Please mark your initials to give us permission to do this. _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Do you currently attend any church? _____ Which one? _____

School? _____ Which one? _____

Have you ever been to see a therapist before? _____ Was it helpful? _____

How did you hear about the Watershed Counseling and Consulting? _____

What brings you to counseling today? _____

Do you have any other special circumstances or information that would be helpful for me to know? _____

Allergies? _____ Medical Issues? _____

***Are you allergic to dogs or do you have an aversion to them? _____

Our office is located in a dog friendly building and from time to time, I - or other tenants - may have one of our family dogs with us. There is also a cat that roams around and is cared for by a lower level office and it does not enter the upper building space.