



YOUTH INTAKE FORM

Your parents will not see or be given any information from this form unless agreed upon by YOU!

Name:	Age:	Birthdate: Day/Month/Year
Phone: Okay to leave message? Y N	Email: Okay to leave message? Y N	
Street Address	City	
Province	Postal Code	

What is the best thing about being the age you are in your family?

What is the worst thing about being the age you are in your family?



How many brothers or sisters do you have?

Brothers _____ how old are they?

Sisters _____ how old are they?

If you are an only child explain what that is like for you:

Do you feel understood and accepted *for who you are* within your family? (Circle one) Yes No
How?

What do you really like about being YOU?

Think about someone you do not like: What is it you do not like about them?

What makes you feel proud?

Do you ever feel embarrassed? (Circle one) **Yes No**
If so, what about?

Where in your life, or in yourself, do you feel there is room for improvement?



Do you feel supported in your family? (Circle one) Yes No

Please explain:

Do you like to be by yourself? (Circle one) Yes No Sometimes

What do you like to do when you are by yourself?

Who is/are your best friend/s?

What do you like about them?

What do you and your friends do for fun?

Are you in a relationship? (Circle one) Yes No

Explain:

What are you afraid of?

Do you have a job? (Circle one) Yes No

If so, where do you work? _____

Is there anything about yourself you wish you could change?

Is there anything you wish you could do better? (i.e. skateboard/math/sing/snowboard/dance etc.)



What are you really, **really** good at?

Have you/do you use drugs or drink alcohol? (Circle one) Yes No

If yes, please explain in detail: (i.e. how often, how much, why, when, etc.)

Do you smoke? (Circle one) Yes No

How much: _____

Tell me what you **like**
and **Dislike** about
school:

Like:

Dislike:

