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Licensed Clinical Psychologist

ADOLESCENT/YOUNG ADULT SELF REPORT FORM  
(To Be Filled Out By Client)

Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Do I have your permission to leave voicemail/texts at the these numbers if I need to reach you? Yes No

Email Address \_\_\_\_\_

Do I have your permission to email at this address if I need to reach you? Yes No

Parents Names \_\_\_\_\_

Parents

Addresses \_\_\_\_\_

Please describe any difficulties you are having with the following people:

Parents/stepparents/guardians \_\_\_\_\_

Siblings/Stepsiblings \_\_\_\_\_

Friends \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

How are your grades? \_\_\_\_\_

Any problems in school? \_\_\_\_\_

Do you work? \_\_\_\_\_ If so, where? \_\_\_\_\_

Please describe the reasons you are attending counseling.

If you have received counseling in the past, please describe what it was for and what your experience was like.

Who are your close friends? Please describe what they are like.

Are you in a romantic relationship? If so, do you have any concerns about it?

Do you drink alcohol/use recreational drugs? If so, please describe what and how often.

What worries you?

What makes you sad?

What makes you happy?

What do you like most about yourself?

What do you wish you could change?

CHECKLIST OF CONCERNS: Please circle any concerns that you have that are listed below that you feel apply to you. Feel free to add a sentence about each concern in the space next to it.

ANGER DIFFICULTIES  
ANXIETY/WORRY  
ATTENTIONAL DIFFICULTIES  
BODY IMAGE  
CONFLICTS WITH FRIENDS OR FAMILY  
DEPRESSION/SADNESS  
DRUG/ALCOHOL/SMOKING  
EATING ISSUES  
FEARS/PHOBIAS  
FRIENDSHIP PROBLEMS  
GENDER IDENTITY  
IRRITABILITY  
LEGAL PROBLEMS  
LONELINESS  
MEDICAL PROBLEMS  
MOOD SWINGS  
NERVOUSNESS  
NIGHTMARES  
OBSESSIONAL THOUGHTS  
PANIC ATTACKS  
SCHOOL PROBLEMS  
SELF HARM  
SEXUAL ACTIVITY  
SLEEP PROBLEMS  
SHYNESS  
SUICIDAL THOUGHTS

What do you hope will happen or change because of counseling?

What else might be important for me to know in order to best help you with your therapy goals?