

TEEN SCREEN CLIENT INFORMATION FORM

Name: _____ Date: _____

Address: _____ Gender: Male Female

City: _____ State: _____ Zip: _____ Date of Birth: _____

Contact Telephone Numbers

Please complete relevant information and indicate the number at which you wish to be contacted first.

	OK to leave Messages?		Primary Contact number?
	Yes	No	
Home: () _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work: () _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell : () _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent's email address: _____

Emergency Contact Information

Name: _____ Relationship to Child: _____

Home: () _____ Work: () _____

Cell: () _____

Primary Care Physician

Primary Care Physician: _____

Physician's Address: _____

Physician's Phone #: _____ Physician's Fax #: _____

By who were you referred? _____

Therapist notes: _____

Initial: _____

Teen Screening Questionnaire

Client Name: _____ Date: _____

Scale Items:

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by check (/) the appropriate space.

		<i>RARELY</i> or <i>NONE</i> of the time	<i>SOME</i> or a <i>LITTLE</i> of the time	<i>OCCASIONALLY</i> or a <i>MODERATE</i> amount of time	<i>MOST</i> or <i>ALL</i> of the time
During the past week:		0-1 days	1-2 days	3-4 days	5-7 days
1.	I was bothered by things that usually don't bother me.				
2.	I did not feel like eating; my appetite was poor.				
3.	I felt that I could not shake off the blues even with help from my family				
4.	I felt that I was just as good as other people.				
5.	I had trouble keeping my mind on what I was doing.				
6.	I felt depressed.				
7.	I felt that everything I did was an effort.				
8.	I felt hopeful about the future.				
9.	I thought my life had been a failure.				
10.	I felt fearful.				
11.	My sleep was restless.				
12.	I was happy.				
13.	I talked less than usual.				
14.	I felt lonely.				
15.	People were unfriendly.				
16.	I enjoyed life.				
17.	I had crying spells.				
18.	I felt sad.				
19.	I felt that people disliked me.				
20.	I could not get "going".				