

Case # _____

**ADOLESCENT GUIDANCE SERVICES
Intake Form**

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Number: _____ Work Number: _____
Cell/Pager: _____ Fax Number: _____
Email Address: _____

Parent/Guardian Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Number: _____ Work Number: _____
Cell/Pager: _____ Fax Number: _____
Email Address: _____

Custody Information: _____

SCHOOL INFORMATION:

Name of School/Program: _____
Contact Person: _____ Phone Number: _____
Address: _____
Airport Pickup: Yes or No
Estimated Time of Arrival: _____

ADOLESCENT INFORMATION:

Name: _____ DOB: _____ Age: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Distinguishing Marks: _____
Image/Dress: _____

Participating Events: _____

Substance Abuse: _____
Smokes: Yes or No

Violent Behavior: _____
Access to Weapons: _____
Suicidal: Yes or No
Any Attempts? _____
Self-Mutilation: _____

Arrest Record: _____
Probation: Yes or No _____
Probation Officer Name: _____ Number: _____

MEDICAL/PSYCHIATRIC PROFILE:

Medical History: _____
Psychiatric History or Counseling: _____
Clinical Assessment (Any Disorders): _____
Medication: Yes or No _____
Type/How Much: _____

SOCIAL BACKGROUND:

Siblings: _____
Friends: _____
Gang Affiliation: _____
Boyfriend/Girlfriend: _____
Likes: _____
Sports: _____
Dislikes: _____
Any Prejudices: _____

Any Recent Losses: _____

Any Goals for the Future: _____

Additional Information: _____

TRANSPORT INSTRUCTIONS:

Agent Instructions: _____

REFERENCE INFORMATION:

Referred By: _____
Name of Consultant: _____
Contact Number: _____

AGENTS ARE TO CONSULTANT MESSAGE UPON COMPLETION OF TRANSPORT

Agent Information:

Lead Agent: _____ Contact Number: _____
Back Up Agent: _____ Contact Number: _____