



Personal Information

Full Name: _____ Date of Birth: _____
Gender: _____ Ethnicity: _____
Current Address: _____
Phone Number: _____
Email Address: _____

Service Intake Form

Emergency Contact

Name: _____ Relationship: _____
Phone Number: _____

Family Background

Family Structure (Who do you live with?): _____

Relationship with Family Members (Describe your relationship with your parents/guardians/siblings):

Parent/Guardian's Occupation: _____

Family's Support System (Are there other relatives or mentors involved in your life?):

Any significant family events or challenges that have impacted you recently?

Education

Current Education Level: _____

Academic Performance(What are your grades like?: _____

Education Goals (Do you have any specific academic goals?):

Challenges in Education (Are there any challenges you are facing in school?):

Interests and Hobbies

Hobbies/Interests (What do you enjoy doing in your free time?):

Extracurricular Activities (Are you involved in any clubs, sports, or other activities?):

Favorite Books/Movies/TV Shows: _____

Favorite Music/Artists: _____ Favorite Color: _____

Personal Goals and Aspirations

Short-Term Goals (What do you hope to achieve in the next few months?):

Long-Term Goals (Where do you see yourself in the next few years?):

Career Aspirations (What are your career interests or ambitions?):

Additional Information

Any Medical or Health Concerns:

Previous Counseling/Therapy Experience:

Any Legal or Justice System Involvement:

Cultural or Religious Background: _____

How do you cope with stress or challenges? _____

Is there anything else you would like us to know about you or your situation?
