TANNER CLINIC

Name:		Age:		Date:
The main reason that	t I am here today is:			
Who is worried abou	t you?			
Why?				
What <u>problems</u> do yo your life?	ou have right now that ar	re <u>getting in t</u>	<u>he way</u> of wh	o <u>you</u> want to be in
What are you worried	d about?			
Who are the importa	nt adults in your life?			
Who are the importa	nt friends/peers in your	life?		
Who else can help yo	ou with your problems? I	How can they	help?	
Are you willing	g to ask for their help?	Yes	No	Maybe
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FAMILY RELATIONSHIPS: Tell me about your family relationships

Relationship with Child	Close	Average	Distant	None	What does (child) enjoy about this relationship?	Problems or conflicts in the relationship are about?
Mother						
Father						
Sibling, Name: Age:						
Sibling Name: Age:						
Sibling Name: Age:						
Step Parent Name:						
Step Parent Name:						
Mom's boyfriend or partner						
Dad's girlfriend or partner						

Have you been suicidal in your life? If so when? Did you have a plan?
Have you engaged in self-harm before? If so, when did it start? When is the last time it happened?
How do you identify your sexual orientation?
Have you ever been to a counselor before? No Yes
If yes, when? Who did you see? Was it helpful?
How do you feel about coming to a counselor today?
What are some of your hobbies?
What are your goals, hopes, dreams for your life?
I hope that someday I will
What do you think your parents want for your life? (Goals and hopes)
What can we help you accomplish in the next 3-6 months? (therapy goals)
What strengths do you have right now that will help you achieve what you want in your life? (brag about yourself)
Is there anything else that you think I should know about you?