

# The Porch Christian Coaching, L.L.C. Adolescent Intake Form

## DEMOGRAPHICS

Form Completed by: (mother, father, guardian, grandparent, other) \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## EDUCATION

Education Level: \_\_\_\_\_ School/Institution attended: \_\_\_\_\_

Does your child have any learning modifications/limitations such as an IEP Plan; 504 Plan; etc.? If so please describe: \_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_ If so please describe: \_\_\_\_\_

## FAMILY HISTORY

Father: \_\_\_\_\_

Father (Age, Location, Marital Status, Occupation): \_\_\_\_\_

Mother: \_\_\_\_\_

Mother (Age, Location, Marital Status, Occupation): \_\_\_\_\_

Guardian: \_\_\_\_\_ Relation to you and dates: \_\_\_\_\_

Brothers/Sisters: (List in order from oldest to youngest; include yourself in that order): Name  
Brother/Sister/Step, Age, Location, Marital Status, Occupation: \_\_\_\_\_

## FAMILY ENVIRONMENT

With whom does the child currently live? \_\_\_\_\_

Who is the legal guardian of this child? \_\_\_\_\_

Who may we contact in case of an emergency? \_\_\_\_\_ Contact: \_\_\_\_\_

If parents are divorced, what is the visitation agreement? \_\_\_\_\_

Please list other children living in the home: names, ages, and any other relevant information (i.e., chronic illness, adoption, stepchildren, psychological treatment, etc.):

Please list any other significant supports for your child:

Please describe Mother and Father's parenting styles:

Has the Department of Social Services ever been involved with you or your family? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Please describe how you monitor use of electronics, social media, cell phone/texting, computers, etc.

Are any of these areas problematic for your family? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

### RELEGIOUS BACKGROUND

Past Denominational Background: \_\_\_\_\_

Present Denominational Background: \_\_\_\_\_

Preferred Denominational Background: \_\_\_\_\_

Church Presently Attending: \_\_\_\_\_

Church Address: \_\_\_\_\_

Are you a member? \_\_\_\_\_ Average times attended per month: \_\_\_\_\_

Pastor: \_\_\_\_\_ Pastor Phone: \_\_\_\_\_

May we contact? \_\_\_\_\_ Do you believe in God? \_\_\_\_\_

Please share any current ministries you are involved with at your church:

Has your child been baptized? \_\_\_\_\_ When: \_\_\_\_\_

Has your child received Jesus Christ as his/her personal savior? \_\_\_\_\_

Do you have family devotions? \_\_\_\_\_

Do you consider yourself saved? Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

How frequently do you pray? Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

How frequently do you read the bible? Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

**HEALTH**

Has your child participated in counseling before? If so, please describe (when, why, with whom, outcomes, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Has your child been treated by a psychiatrist before? If so, please describe (when, why, with whom, outcomes, etc.):

\_\_\_\_\_  
\_\_\_\_\_

How many hours of sleep does your child get per night? \_\_\_\_\_ Please describe any concerns or changes you have observed regarding his/her sleep habits/routines:

\_\_\_\_\_  
\_\_\_\_\_

Rate your Child's health: 1    2    3    4    5    6    7    8    9    10

Recent problems: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

List any prescription medications you take: (Medication, Treatment for, when this began, Daily dosage, Prescribing Physician):

\_\_\_\_\_  
\_\_\_\_\_

List over-the-counter medications you currently take (diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.):

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Are you concerned about any current or past illicit drug use, prescription pill abuse; alcohol use or abuse? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

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Please describe any concerns you have regarding your child's eating habits:

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Please list any allergies (medications, foods, environmental, etc.): \_\_\_\_\_

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### OVERVIEW OF CONCERNS

Please describe the current problem, as you understand it:

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What have you done to address this problem:

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Please describe any family history (the family that you grew up in) which might be relevant to the concerns you are bringing to Christian Coaching (your relationships with your parents; their relationship with each other; significant losses or traumas, etc.): \_\_\_\_\_

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What are your hopes and fears about bringing your child to Christian Coaching?

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What do you think you may have to change to help your child be more successful in reaching her Christian Coaching goals?

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What are some of your favorite things to do in your free time?

\_\_\_\_\_

Who are some of your closest friends? \_\_\_\_\_

Do you struggle with peer pressure? \_\_\_\_\_

What is your favorite school subject? \_\_\_\_\_

Do you have pets? \_\_\_\_\_ What are their names? \_\_\_\_\_

What kind of music do you like: \_\_\_\_\_

One word to describe myself is: \_\_\_\_\_

Do you struggle with isolation (feeling lonely)? \_\_\_\_\_

One word to describe my family is: \_\_\_\_\_

I think God sees me as: \_\_\_\_\_

Do you pray to God? \_\_\_\_\_ How often? \_\_\_\_\_

What are some examples of what you pray about? \_\_\_\_\_

\_\_\_\_\_

Are you a Christian-believing that Jesus Christ is your personal savior? \_\_\_\_\_

DO you read the bible? \_\_\_\_\_ How often? \_\_\_\_\_

How often do you go to church? \_\_\_\_\_

What do you like about church? \_\_\_\_\_

What do you dislike about church? \_\_\_\_\_

Please describe why you believe your parents have sought Christian Coaching for you:

\_\_\_\_\_

What strategies have you tried to make this situation better? \_\_\_\_\_

\_\_\_\_\_

How do you hope that your Christian Coach can help you with these issues?

\_\_\_\_\_

Please describe any behaviors, feeling or thoughts that you struggle with and would like help changing. How are these impacting your life currently?

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Please share any other information that you think would be helpful for your Christian Coach:

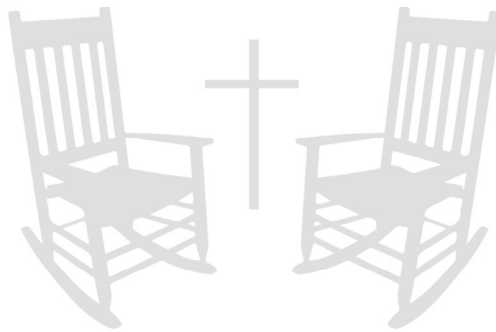
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Referred By: \_\_\_\_\_

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# The Porch



CHRISTIAN COACHING