

## **Teen Anxiety and Self-Esteem Group**

This form may seem long, but the information on it will help me to better understand you. The information on this form is confidential unless it has to do with hurting yourself or someone else.

## **Adolescent Demographic Information**

Name:		
Address:		
Gender:	_ Age:	Date of Birth:
Home phone:		_ Is it okay to leave a message: yes/no (please circle one)
Client Cell Phone:		_ Is it okay to leave a message: yes/no (please circle one)
Parent Cell Phone:		_ Is it okay to leave a message: yes/no (please circle one)
Parents or Legal Guardians:		
With whom do you live?		
How did you hear about the group?		



Andover Wellness and Counseling 853 Turnpike Street 2<sup>nd</sup> Floor North Andover, MA 01845 Phone: 978-417-1531

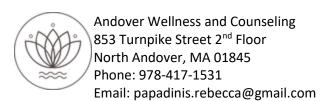
Email: papadinis.rebecca@gmail.com

What school do you attend?	Grade:
Do you like attending this school? Are you have any d	ifficulties? If so briefly explain.
What are your interests or hobbies?	

## Assessment:

Please check any/all of the symptoms that you are having

Depression	Feeling hopeless
Extreme sadness	Problems getting along with family
Trouble concentrating	Change in sleeping habits
Memory Problems	Lack of energy
Change in eating habits  Extreme happiness	Weight changes Feeling tearful
Trouble going to school	Problems getting along with friends
Lack of enjoyment in usual activities	Feeling stressed
Obsessions/Compulsions	Feeling worried or anxious
Easily irritated	Feeling fearful
Feeling Guilty	Physical complaints of pain
Problems with anger	Sudden feelings of panic
Unusual dreams	Muscle tension
Drug or alcohol use	Acting violent
Thoughts of hurting yourself or others	Thoughts of killing yourself or others
History of self-harming behavior	Active self-harming behavior



Do you currently see a therapist? (Yes/No) If so, what is their name?				
Have you been diagnosed with a mental health disorder? If so, which one(s)?				
History:  Have you ever experience any critical events or an event that you consider traumatic?				
If so have you sought help for this, or does it continue to cause you distress at this time?				
Expectations: What would you like to get out of this group?				
What else would you like for me to know at this time?				



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## Parents:

Please feel free to add anything you wish below (additional information you would like me to know, goals, concerns etc.)					

Thank you for taking the time to complete this form. This information will be very helpful to me so as I can best support you/your teen.