



**Trailhead Counseling and Wellness, LLC**  
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### **Adolescent/Teen Information Form**

*\*To be completed by child/adolescent\**

*Welcome! Please fill out the following form as accurately and legibly as possible. This will help me to understand your child better and support us in developing goals for counseling.*

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Identified Gender:      Male      Female

**Do you have siblings?**                      **YES**                      **NO**

**If yes, what are their names and ages?** \_\_\_\_\_  
\_\_\_\_\_

**What school do you attend?** \_\_\_\_\_

**Do you meet with your school counselor?**      **YES**                      **NO**

**What brings you to counseling?**

**On a scale of 1-10, how much distress are you experiencing today:**

**1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10**

No distress

Overwhelming Distress

**What do you hope to get out of our time together?**

**What have you already tried to do to help what is bothering you?**

**Have you seen a counselor before?                      YES                      NO**

**If yes, when and where did you receive counseling and what was it like for you?**  
*(What did you like/dislike?)*

**What do you like to do for fun and to relax?**

**Do you use social media?                      YES                      NO**

**If yes, how often?** \_\_\_\_\_

**What sites/apps?** \_\_\_\_\_

**Interactions between you and I are confidential (stays between us). There are exceptions to confidentiality I am required to report.**

1. Someone is hurting you
2. You are planning to or are hurting yourself
3. You are planning to hurt someone else.

*Because your parents play a key role in your life, there may be times when information will need to be shared. However, in order to develop a trusting and safe relationship, confidentiality will be maintained whenever possible. Before we begin counseling, we will discuss confidentiality with your parents.*

The community we live in can often feel small. We may see each other in public. I will let you decide if you want to interact with me or not. I will follow your lead.

My office is a shared office with other businesses. Please enter the door and have a seat in the open area between the offices. Please be respectful of other businesses while waiting for your appointment.

I look forward to learning more about you and supporting you. Counseling will require you to be open and honest in our conversations and will take some work. I will not give you advice without asking first. My goal is to help you to support you in understanding who you are and how to you want to interact with those around you.

**Printed Legal Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_