

intake form prairie girl group

What next? Complete this form and send to prairiegirlgroup@gmail.com. This form is also available as a [Google Form](#) here if that is what you prefer. From there, we will schedule an intake conversation.

NAME

AGE

YOUR FUTURE

Imagine yourself in 10 years. If all of your dreams come true, what will be true in 10 years? Think about what you will be doing for work. Where will you be working? What education might you have?

What one thing would you like to work on or are already working on to improve your life? Think about your home life, friend life, your relationship with your family, academics, faith, mental health, physical fitness, etc.

What two things do you do in your free time that make you happy?

What two things do you find yourself worrying about regularly?

What is the primary reason you would like to pursue counseling?

HERE & NOW

On a scale of 1-10 (0=no problems, 10=major problems), please rate your concerns.
Please rate each one of these:

Sadness

School/grades

Worry

Drug/alcohol use/abuse

Parents

Legal issues

Siblings

Anger management

Friends

Suicidal thoughts

Sex

Trouble eating food or keeping food down

Gender clarity/identity

In a few short sentences, how would you describe your home life?

When you think of your biggest fans/supporters, who are these people

Tell me about your best day. If you could design your best day, what would you be doing?
Who would you be hanging out with and where? What would you have to eat?

Tell me about your worst day. Please be as honest as you can be in writing.

Where do you go to school?

Currently, are your grades better, worse or the same as usual?

SYMPTOMS & FEELINGS CHECK-IN

Check any of these that you are currently experiencing

BODY

Headaches

Dizziness

Excessive anger

Restlessness

Pain

Excess energy

THOUGHTS & FEELINGS

Racing thoughts

Unable to have fun

Suicidal plans

Feeling irritable

Decreased pleasure

Attempted suicide

Feeling wired

Feeling worthless

Crying frequently

Having grandiose thoughts

Feeling hopeless

Frequently anxiety/worrying

Feeling confused

Feeling isolated

Panic attacks

Alcohol or drug cravings

Suicidal thoughts

BEHAVIORS

Panic attacks

Excessive spending

things over and over

Concentration issues

Doing/repeating the same

Impulsive behavior

ABUSE

Sexual abuse

Physical abuse

Emotional/verbal abuse

FAMILY

Divorce

Conflict with sibling

Conflict with parents

Custody issues

FOOD

Problems eating

Weight gain

Loss of appetite

Problems keeping food down

Weight loss

SLEEP & ENERGY

Low energy

Difficulty staying asleep

Not getting enough sleep

Difficulty getting to sleep

Frequent nightmares

Less need for sleep