

THERAPEUTIC SERVICES AGENCY, INC.

220 RAILROAD ST. SE • PINE CITY, MN 55063 • (320) 629-7600 • Fax (651) 925-0071

INTAKE INTERVIEW

Name: _____ Age: _____ Home Town: _____

County: _____ Worker: _____

Family Membership: _____

Cultural Considerations or Practices (religion, race, sexual orientation, etc.) _____

Previous Placements: _____

Counseling Services: _____

Legal Status: _____

Presenting Problem(s): _____

Client: _____

Parent: _____

Worker: _____

Family Functioning: _____

Social Functioning: _____

Friendships: _____

Peer Group: _____

Individual Functioning: _____

School Functioning: _____

Name of School: _____

Grade: _____

Academics: _____

Behavior: _____

Skill Level: _____

Attitude: _____

Recreation/Hobbies: _____

Chemical Usage:

- **Alcohol** _____
- **Over the Counter Drugs (Herbs)** _____
- **Tobacco** _____
- **Illegal Drugs** _____

Gambling Problem in the Family: _____

Aggression Toward Others :

Sexual Abuse: _____

Physical Abuse: _____

Self Injurious Behaviors: _____

Run Away Behaviors: _____

Suicide Ideation: _____

Strengths: _____

Medical/Dental/Eye/Prescriptions: _____
