Focused Solutions Counseling and Consulting Services

Family/ Adolescent Questionnaire

Note: Your Clinician is required by law to report any disclosed incident of physical and/or sexual abuse whether current or in the past.

- What are/were the circumstances that led your son/daughter/etc to attend this evaluation?

- What are your goals and/or expectations for the evaluation and/or counseling?

- Please list any current and past counseling experiences. Was it helpful? Why or why not? Please be specific.

- What are your views on teenage alcohol and drug use or abuse? Do you have any family rules relating to the above?

- Is there a family history of addiction or mental health problems in the family? Please describe!

- Please list family strengths.