

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

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TEEN CLIENT QUESTIONNAIRE : FOR CLIENT

This questionnaire is for teen clients.

If there are questions you cannot answer or do not feel comfortable answering,
just leave them blank, and we can talk about them in session.

Name _____

Date _____

Date of Birth _____

Age _____

Tell me about your family and your home. Be sure to include people and even animals or pets
whom you feel close to, even if they aren't living with you. _____

Tell me about your school. What do you like most/least about it? Do you have friends there?

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How would you describe yourself? _____

What are some of your interests? Hobbies? Talents? _____

What are five personal strengths or things you like most about yourself?

1. _____
2. _____
3. _____
4. _____
5. _____

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How would you describe your relationship with your family, including animal companions)?

Do you have a favorite place outdoors, such as a park, a tree or the beach? Yes No
Describe this favorite place and why you like it. _____

What are some things you enjoy doing that make you feel good and confident? _____

What sorts of exercising do you like to do, and how often do you do them? _____

How much time do you spend outdoors, and what do you do? _____

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If there were something you could change, what would it be? _____

What are your hopes for our time together? What do you think I could help you with? _____

Is there anything else you would like me to know or a question you would like to ask me? _____

Thank you for answering these questions. I look forward to seeing you!