Personal Information Record- Adolescent/Child

Date: ___________

Child's Name: ________________________________ Date of Birth: __________

Gender: ☐ Female ☐ Male Phone: ____________________________

Home Address: ____

Why did you come in today for counseling? ____

____

____

How long has this been a problem? ____

Has your child had counseling or psychiatric treatment before? _____________________

If yes, was the treatment helpful? ____

Name of treatment provider(s)/facility and dates of treatment ______________________

____

SOCIAL HISTORY

Parents' Names- Mother: _________________________ Father: _______________________

Marital status of parents: _______________________ Length of current marriage: __________

Total number of marriages- Mother: _________ Father: _________

Relationship of parents to child: ☐ Biological ☐ Adoptive ☐ Step ☐ Foster ☐ Legal guardian

List any other adult/parent that is legally involved with your children but not living at your home

Name Phone Number

____

____

Who is the legal guardian of the child? ____

Who has custody of the child? ____

With whom does the child reside? ____

Names of children in the family	Age	Grade	Residence

Education

Name of current school: ______________________ Location of school: ______________

Grade: _______ Has your child ever repeated a grade: ☐ No ☐ Yes, grade(s): ______________

Are you aware of any learning difficulties? Please describe: ___________________________

____

____

Does your child receive any additional learning help? Please describe: _____________________

____

Has your child been identified as having a behavior problem in school: ☐ No ☐ Yes, please describe: ____

____

MEDICAL

Child's current physician: _______________________________ Location: _________________

Date last seen: ________________________ Date of last physical: _______________________

Current prescription medications: ____

Purpose of medications: ____

Current non-prescription medications: ____

Current health problems: ____

Past health problems: ____

Were there any complications with the pregnancy? ☐ No ☐ Yes, ___________________________

Were there any complications with the delivery? ☐ No ☐ Yes, ____________________________

Has your child experienced abuse? ☐ No ☐ Yes, physical abuse ☐ Yes, sexual abuse

Has your child ever had a head injury? ☐ No ☐ Yes

Has your child used or abused any legal or illegal substances? ☐ No ☐ Yes, _________________

____

Does your child have a history of bingeing, purging, or any other disordered eating habits?

☐ No ☐ Yes, ____

Has your child engaged in self-harm behaviors? ☐ No ☐ Yes, __________________________

____

Has your child ever attempted suicide? ☐ No ☐ Yes, ________________________________

____

Parent Information

Highest level of education completed- Mother: __________________ Father: _________________

Describe any learning or academic problems the mother or father had in school: ______________

____

Occupation

State the present or most recent occupation of parents:

Mother: ____________________________________ Length of employment: _________________

Father: ____________________________________ Length of employment: __________________

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Legal

Do you have any current or recent legal involvement? ☐ No ☐ Yes, ______________________

____

Have you ever received court ordered treatment? ☐ No ☐ Yes, __________________________

Has your child ever been convicted of a crime? ☐ No ☐ Yes, ____________________________

Has either parent been convicted of a crime? ☐ No ☐ Yes, ______________________________

RECENT EVENTS AND CHANGES IN THE FAMILY

☐ Moving to a new area	☐ New marriage	☐ Custody conflict
☐ School change	☐ Divorce	☐ Visitation conflict
☐ Legal problems	☐ Separation	☐ Friends moved away
☐ Death in family	☐ Parent conflict	☐ House problems/damage
☐ Job loss	☐ Behavior problems	☐ Emotional problems
☐ Job stress	☐ Health problems	☐ Sibling left home
☐ Financial stress	☐ In-law problems	☐ Crowded housing
☐ Alcohol/drug problems	☐ New child in family	☐ Other: ________________

Please comment on any other issue that you feel is important for the therapist to be informed of:

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____

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____________________________________ ________________________

Parent or Guardian's Signature Date