

Youth Biographical Information - Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Informed Consent for Services form. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

TODAY'S DATE: _____

PARENT/GUARDIAN NAMES: _____

DOB and PLACE OF BIRTH _____ Age _____

ADDRESS: _____

TELEPHONES: Cell: _____ Home/Work: _____

Is it okay to leave a message at the phone numbers you listed: _____?

EMERGENCY CONTACT (NAME/RELATION/PHONE): _____

YOUTH NAME: _____

DOB and PLACE OF BIRTH: _____ AGE: _____

CURRENT SCHOOL: _____ GRADE _____

REFERRAL SOURCE: _____

PLEASE DESCRIBE YOUR FAMILY AND HOW YOU GET ALONG (parents, grandparents, siblings, cousins, etc.)

Please use the back of this page to add any additional information.

MEDICAL DOCTOR (S) (name/phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, etc.):

SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

ANY HISTORY OF ABUSE/TRAUMA YOUR CHILD/TEEN WAS EXPOSED TO:

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

Please use the back of this page to add any additional information.

PAST/PRESENT PSYCHOTHERAPY (specify: month year(s) (beginning–end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

DESCRIBE YOUR YOUTH’S CHILDHOOD (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Child’s/Teen’s age at the time: _____.

Describe how it affected them at the time

FAMILY HISTORY OF ALCOHOL/SUBSTANCE ABUSE, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

Please use the back of this page to add any additional information.

IS THE YOUTH INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (If you answer Yes, please explain):

PLEASE DESCRIBE ANY DIFFICULTIES THE BIRTH PARENT/FAMILY OR CHILD EXPERIENCED EARLY IN LIFE (difficult pregnancy or labor, postpartum depression, special medical needs, etc.):

PLEASE DESCRIBE THE TEMPARMENT OF THE YOUTH AS A BABY, A TODDLER AND AS A YOUNG CHILD:

PLEASE DESCRIBE HOW THE YOUTH IS DOING AT SCHOOL (average, above average, below average, special education needs, hobbies, interests):

Please use the back of this page to add any additional information.

WHAT DO YOU WANT TO CHANGE OR MAKE BETTER FOR YOUR CHILD/TEEN/FAMILY
(please describe in detail):

HOW WILL YOU KNOW THAT CHANGES ARE TAKING PLACE AND THAT THINGS ARE
GETTING BETTER (Who will notice, what will you see, please describe in detail):

HOBBIES YOUR YOUTH/FAMILY ENJOY:

WHAT DOES YOUR YOUTH/FAMILY VALUE MOST?:

Please use the back of this page to add any additional information.