

## PERSONAL HISTORY FORM – ADOLESCENT

Please help me understand you and your perspectives better by filling out this questionnaire completely and accurately. I will keep this information confidential to the extent allowed by law, but your parent(s) have a legal right to information up to a certain age. Therefore, please fill out the following with that in mind. During therapy, we will work out a level of privacy that satisfies both you and your parent(s).

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

### STRUGGLES AND CONCERNS

Briefly describe the struggle(s) or concern(s) you would like to resolve through therapy:

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On a scale of 1 to 10, rate the degree to which this struggle interferes with your everyday life at school and at home:

	<i>Doesn't bother me at all</i>					<i>Can't Function</i>				
<b>School</b>	1	2	3	4	5	6	7	8	9	10
<b>Home</b>	1	2	3	4	5	6	7	8	9	10

How does the struggle affect your thoughts, feelings, and behavior? \_\_\_\_\_

How often do you have this struggle, and how long has it existed? \_\_\_\_\_

How have you tried to handle the struggle? Has anything worked? \_\_\_\_\_

Have you ever thought about or attempted the following: (Check all that apply and explain)

Running away \_\_\_\_\_

Cutting or Self-harm \_\_\_\_\_

Suicide \_\_\_\_\_

Other high-risk behavior \_\_\_\_\_

What would you like to get out of counseling? \_\_\_\_\_

How badly do you want counseling for your struggles?

	<i>It's being forced on me</i>					<i>It's one of my highest priorities</i>				
	1	2	3	4	5	6	7	8	9	10

### YOUR BACKGROUND

What significant events (good or bad) do you vividly remember prior to about age 6? \_\_\_\_\_

What significant events (good or bad) do you vividly remember after age 6? \_\_\_\_\_

\_\_\_\_\_

From the ages of 6 to 12 were you generally:  Outgoing  Withdrawn  Happy  Sad  Scared  Confident

Describe any significant changes in your attitude about yourself or others you have had in recent years. \_\_\_\_\_

In about what grade were you when things began to change? \_\_\_\_\_

How many close friends do you have? \_\_\_\_\_ How important is dating to you? \_\_\_\_\_

Have you ever participated in sexual behaviors?  Yes  No If yes, please explain? \_\_\_\_\_

What part does God play in your life? \_\_\_\_\_

### **YOUR FAMILY**

What's your mom's name? \_\_\_\_\_  Birth mom  Stepmom  Adoptive mom  Other \_\_\_\_\_

Describe your mom: \_\_\_\_\_

What does she do (at work, home, with your family)? \_\_\_\_\_

What is (or was) your relationship with her like? \_\_\_\_\_

What do you *want* your relationship with her to be like? \_\_\_\_\_

Has she had a major problem(s) in her life? What kind? \_\_\_\_\_

What do you admire most about her? \_\_\_\_\_

Besides her, please share similar details about other important women in your life. (like birth mom, stepmom, grandma, mentor, etc.)

What's your dad's name? \_\_\_\_\_  Birth dad  Stepdad  Adoptive dad  Other \_\_\_\_\_

Describe your dad: \_\_\_\_\_

What does he do (at work, home, with your family)? \_\_\_\_\_

What is (or was) your relationship with him like? \_\_\_\_\_

What do you *want* your relationship with him to be like? \_\_\_\_\_

Has he had a major problem(s) in his life? What kind? \_\_\_\_\_

What do you admire most about him? \_\_\_\_\_

Besides him, please share similar details about other important men in your life. (like birth dad, stepdad, grandpa, mentor, etc.)

Are your parents separated or divorced?  Yes  No If yes, how old were you at that time? \_\_\_\_\_

Has a parent or one of your siblings died?  Yes  No If yes, how old were you at that time? \_\_\_\_\_

How many times have you moved in your life? \_\_\_\_\_

### **PERSONAL STRENGTHS AND WEAKNESSES**

Please describe any personal strengths, talents, skills, abilities, or accomplishments: \_\_\_\_\_

Please describe any personal weaknesses and needs you have: \_\_\_\_\_

Please describe your family's strengths: \_\_\_\_\_

Describe any preferences for therapy (language, learning style, approach): \_\_\_\_\_

**COMMUNITY ACCESS AND SUPPORTS**

Please list any family members, friends, or others whom you can ask for help or talk to when you need support.

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**SUBSTANCE USE/ABUSE HISTORY**

Please check any family members that use or abuse alcohol and drugs:

- Father                                       Stepparent/live-in                                       Grandparent(s)                                       Other \_\_\_\_\_  
 Mother                                       Uncle(s)/aunt(s)                                       Sibling(s)

If you have used any of the following drugs, please complete the chart below.

Substance	Age 1 <sup>st</sup> Used	Date Last Used	Amount (least to most)	Frequency (How often)	Circumstances of Use	Used in past week?
Alcohol						
Caffeine						
Cocaine						
Inhalants						
Marijuana or K2						
Over the Counter Medications						
Prescription Pain Medications						
Steroids						
Tobacco						
Other: _____						

**Thanks for your time and effort to complete this form!**

With your signature and date below, you agree that the information in this history form is true to the best of your knowledge.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_