

PERSONAL HISTORY FORM – PARENT OF ADOLESCENT

The purpose of this questionnaire is to obtain a comprehensive view of your adolescent’s background to save you and your counselor time. Please be complete and accurate. The information you provide is personal and will be kept confidential to the extent allowed by law. If you desire to not answer a question, simply write: “prefer not to answer.” Please print or write clearly.

PERSONAL INFORMATION

Your Name _____ Relationship to Adolescent _____

Name _____ Date of Birth ____/____/____ Male Female

Race _____ Living Situation (town/farm, house/apartment, etc.) _____

Please list all individuals living in the adolescent’s home:

Name	Relationship	Age	Name	Relationship	Age
_____	_____	____	_____	_____	____
_____	_____	____	_____	_____	____
_____	_____	____	_____	_____	____
_____	_____	____	_____	_____	____

PRESENTING PROBLEM

What currently concerns you most about this adolescent? _____

How have these issues affected this adolescent’s ability to function? (at home, at school, with friends) _____

What goals do you want counseling to achieve? _____

What specific changes in behavior will indicate to you that these goals have been achieved? _____

Does this adolescent experience any of the following: (Check all that apply and explain)

	Causes	How you handle them
<input type="checkbox"/> Fears	_____	_____
<input type="checkbox"/> Angry outburst	_____	_____
<input type="checkbox"/> Crying spells	_____	_____
<input type="checkbox"/> Difficulty sleeping	_____	_____

To your knowledge, has the adolescent ever thought about or attempted the following: (Check all that apply and explain.)

- Running away _____
- Cutting or Self-harm _____
- Suicide _____
- Other high-risk behavior _____

In addition to counseling for this adolescent, do you want help for yourself or your marriage? Yes No If yes, please explain?

SOCIAL

What present hobbies, interests, or uses of free time does this adolescent have? _____

Does this adolescent belong to any social or athletic groups? Yes No Name group _____

Do you believe this adolescent's social behavior is appropriate for his/her age? Yes No Explain _____

Does this adolescent seek out others of the same age with whom to associate? Yes No Comments _____

Is this adolescent able to appropriately "hold his/her own" in group situations? Yes No Comments _____

Does this adolescent have a close friend? Yes No Comments _____

Does this adolescent relate comfortably with members of his/her own gender? Yes No Explain _____

Does this family have any religious preferences? Yes No Name _____

Does this family participate in religious activities regularly? Yes No Explain _____

Does this adolescent also participate regularly? Yes No Explain _____

FAMILY

Marital status of parents: Married Single Divorced Separated Widowed Live-in relationship

Has anyone other than parents and siblings/other children lived in this home for an extended period? Yes No

If yes, please describe who and when: _____

What best characterizes this adolescent's overall current home environment?

- Unconditional love and acceptance, close relationships
- Quiet and peaceful, but relationships are distant
- Instability, periods of peace mixed with periods of fighting
- Family fighting is the norm
- Other: _____

How would you describe the happiness of the adolescent's parents' marriage?

- Very much in love, best friends, happy
- Committed to one another, but not particularly close
- Unhappy, but trying to make the best of it
- Unhappy, avoid one another as much as possible, fights kept secret from children most of the time
- Unhappy, much fighting together, often in front of the children
- Separated or divorced, get along with each other
- Separated or divorced, openly antagonistic, ongoing conflicts

Select which best describes each parent's style of discipline.

Mother Strict with little compromise Firm, but seek to give adolescent a voice Lenient Few limits

Explain: _____

Father Strict with little compromise Firm, but seek to give adolescent a voice Lenient Few limits

Explain: _____

Is this adolescent is being raised by someone other than his/her parents? Yes No If yes, please describe the situation:

What, if any, deaths have occurred among people the adolescent knows? _____

How has the adolescent been impacted by these deaths? _____

How many times has the family moved since the adolescent was born? _____

SCHOOL

What school does the adolescent attend? _____ Grade: _____

Which describes this adolescent's grades: Superior Above Average Average Below Average Failing

Does this adolescent enjoy school? Yes No Comments _____

Does this adolescent complete homework assignments on time? Yes No Comments _____

Is working on homework assignments or school projects a problem? Yes No Comments _____

Is the adolescent in a special class? Yes No Name class _____

Is the adolescent having behavioral problems at school? Yes No Explain _____

Has the adolescent missed much school? Yes No Explain _____

Has the adolescent had a recent change in academic performance? Yes No Explain _____

Has the adolescent been diagnosed with a learning disability? Yes No Name disability _____

PERSONAL STRENGTHS AND WEAKNESSES

Please describe the adolescent's strengths, talents, skills, abilities, or accomplishments: _____

Please describe any weaknesses and needs the adolescent has: _____

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

LEGAL HISTORY

Has the adolescent ever been in trouble with the law? Yes No If yes, please explain: _____

VICTIM ISSUES

Please check any of the following the adolescent has experienced. Use the space provided to explain:

Neglect _____

Observing violence/abuse _____

Attempted suicide _____

Suicidal preoccupation _____

Deliberate self-harm _____

Psychological abuse (verbal or emotional) _____

Sexual abuse _____

Physical abuse _____

Other form of abuse _____

MEDICAL HISTORY

Name of Primary Care Physician: _____ Approx. Date of last exam: _____

Address of Primary Care Physician: _____

How would you describe the adolescent's current health: _____

Was the adolescent's development typical? (physical, social, intellectual, etc.) Yes No If no, please explain: _____

Does the adolescent have any current medical problems/illnesses? Yes No If yes, please explain: _____

Describe how current or past medical problems, illnesses or hospitalizations has impacted the adolescent's life: _____

Describe any significant medical history in the family: _____

MEDICATIONS

Please list all medications the adolescent is currently taking:

Medication	Dosage/Frequency	Purpose	Prescribing Physician

(If additional medications, please provide me with a complete list, or ask for a separate sheet of paper.)

TREATMENT HISTORY

Has the adolescent ever participated in any form of counseling or treatment? Yes No

(Examples: mental health counseling, family counseling, medication management, foster care, psychiatric hospitalization, etc.)

Name of Provider/Facility	Date(s) of Counseling or Treatment	Outcome (e.g. successful completion)	What was helpful?	What wasn't helpful?

SUBSTANCE USE/ABUSE HISTORY

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

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

To your knowledge, has the adolescent used any alcohol or drugs? Yes No If yes, please explain: _____

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: _____