

PERSONAL INFORMATION RECORD - ADOLESCENT/CHILD

Date: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Gender: Female Male

Race: _____

Why have you come for counseling? _____

How long has this been a problem? Does not apply Several days Several weeks
 Several months Past year Past several years

Has your child had counseling or psychiatric treatment before? No Yes, treatment was helpful
 Yes, treatment did not help

Name of treatment provider(s) and dates of treatment: _____

SOCIAL HISTORY

Parent's Name -- Mother: _____ Father: _____

Marital status of parents: Not married Married Divorced Widowed Separated

Length of current marriage: _____ Number of previous marriages--Mother: _____ Father: _____

Relationship of parents to child: Adoptive parent Step parent Foster parent Biological parent

Please list any other adult/parent that are 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? _____

Name of Children in Family

Age

Grade

Education

Name of current school: _____ Location of school: _____ Grade: _____

Has your child ever repeated a grade: Yes No Grades Repeated: _____

Has your child been identified as having learning problems: Yes No

Type of learning problems: Reading Math Spelling Writing

Other types of learning problems: Coordination Speech Difficulty understanding words/sentences

Describe the type of learning problem you child has: _____

What type of additional learning help does you child receive: _____

Has your child been identified as having a behavior problem in school: Yes No

Describe the behavior problem: _____

Parent -- Circle highest level completed:

	Elementary	High School	College	Graduate or Technical School
Father	K through 8	9 10 11 12	1 2 3 4	_____
Mother	K through 8	9 10 11 12	1 2 3 4	_____

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

Occupation

State present or most recent occupation of parents:

Father _____ Length of employment: _____
 Mother _____ Length of employment: _____

Legal

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

Explain: _____

Have you ever received court ordered treatment? Yes No

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

Has either parent been convicted of a crime? Yes No

MEDICAL

Child's current physician: _____ Location: _____

Date last seen: _____ Date of last physical: _____

Current prescription medications: _____

Purpose of medication: _____

Current non-prescription medications: _____

Describe current health problems: _____

Describe past health problems:

Nature of problem	Age	Outcome

Has your child experienced physical or sexual abuse? Yes No

Has your child ever had a head injury? Yes No

Were there any complications with the pregnancy? Yes No

Describe problems: _____

Were there any complications with the delivery? Yes No

Describe problems: _____

RECENT EVENTS AND CHANGES IN THE FAMILY

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

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

Parent or Guardian's Signature Today's Date