

Personal Information Form (For parents to fill out regarding their child/teen)

Referral Information:

What are the main problems or concerns that prompted your interest in psychotherapy for your child?

How long has this been a problem?

Has your child ever had contact with a psychologist, psychiatrist, school counselor, or any social services for this or other problems? If yes, please provide names, contact information and dates of service.

Have you/ your child consulted with anyone else for the current issues?

Has your child ever been hospitalized for psychiatric reasons? (Y/N) _____
If yes, please list dates, hospitals, and reason for hospitalization.

Have your child ever had psychological testing at school or another setting?
(Y/N)_____

If yes, please indicate where and with whom the testing took place.

If yes, what recommendations were made?

Medical History:

List any serious illnesses, injuries, and/or hospitalizations (medical or psychiatric).

Does your child have a history of medical problems? (e.g., head injury, seizures,, asthma?)

Please list any current medications your child is taking, including the dosage.

Social History:

How does your child get along with others?

Does your child/teen work? If so, describe:

Support group system (family, friends) Describe:

Who lives in the home with the child?

Are there significant interpersonal conflicts in your child's life?

How does your child occupy his or her time?

What are your child's strengths?:

What does your child struggle with most?:

Family Information:

Parent/ Guardian's name: _____ Living? Y/ N

Age _____

Relationship with client (positive/negative?) Please describe

Parent/ Guardian's name: _____ Living? Y/ N

Age _____

Relationship with client (positive/negative?) Please describe

Siblings (Age, Gender, Location):

Do immediate or extended family members have psychological or substance abuse problems now or in the past?

Family History and relationships (communication patterns, expression of emotions, decision making, problem-solving techniques etc) Please do the best you can at describing things like what your family or support system does when there is stress, how is conflict dealt with, do people talk about the child's experience in a way that helps him or her to feel understood or heard:

What events in his or her childhood stand out as significant? (positive or negative)

What is discipline like within the home?

Significant experiences at school:

Personal Information:

Significant Sexual History (eg. significant relationships, family or community messages or attitudes toward sexuality, problems related to his/ her sexual history (other than sexual abuse) that stick out in your mind?)

History of Sexual, Physical or Emotional abuse?

Please describe the nature of the abuse:
When did it occur and by Whom?

What occurred? (as much as you feel comfortable revealing at this time)

Was it reported? By whom?

Spiritual/Religious beliefs:

Does your child/family attend church, temple, mosques etc regularly?

Describe

Anything else that you would like me to know about your child:

Has your child ever threatened suicide? _____

Age: _____ Circumstances _____

Has your child ever attempted suicide? _____

Age: _____ Circumstances _____

Is your child feeling suicidal right now? _____
If yes, describe:

Has your child ever engaged in cutting or self-mutilation behaviors?

If yes, describe when (what age,) and describe the circumstances

Is your child currently engaging in any of these behaviors?

If so, please describe (where on body, severity of self-harm, whether medical attention was needed, triggers)

Alcohol: How Often? _____
Amount? _____

Drug Use: How Often? _____
Types _____ Onset _____

Smoking?(packs/day) _____ Caffeine?(cups/day) _____

Are there any behaviors that your child engages in that seem addictive (i.e. he/she has a hard time stopping after he/ she starts, when he/ she isn't engaged in the behavior, he/she thinks a lot about the next time when he/she might, and/or he/she tends to routinely engage in the behavior as a way of managing stress or unpleasant emotions)

Alcohol? _____ Gambling? _____ Sex/Pornography? _____
Prescription or street drugs? _____
Overeating/Restricting/Purging? _____

Has he/she ever tried to control these behaviors and found that he/she couldn't

stop? _____
Legal Issues?

Thank you for taking the time to answer these personal questions. This will help me to gain more insight into who your child is and how we can work together to meet the goals and needs of your child.