

Confidential

For Professional Use Only

Adolescent Information Form
Psychology and Counseling Associates

Client name: _____ Date _____
SS# _____

Address: _____
_____ Phone: _____

Date of birth: _____ Place of Birth _____ Sex: M ___ F ___

Business/School: _____

Business/School address: _____ Phone: _____

How many hours do you work per week: _____ and/or are at school per week: _____

Years at current address: _____ Years at current school: _____

Where previously lived: _____ How long: _____

Do you have any religious affiliation: _____

MEDICAL HISTORY

How would you describe your health: Very good _____ Good _____ Medium _____ Fair _____

Have you had any serious illness or surgery: _____

If yes, please explain: _____

Have experienced any trauma/abuse? _____ Physical _____ Sexual _____ Verbal _____ Emotional _____

Have you ever considered or attempted suicide: _____ If yes, please explain: _____

Are you currently under a doctor's care: _____ Are you currently on any medication: _____

If yes, please explain for what reasons: _____

Please describe whether you engage in the following habits & approximately how often on a weekly/biweekly/monthly basis:

Smoking : _____ Drinking: _____

Drugs: _____ Exercise: _____

PRESENT PROBLEM

Have you undergone psychotherapy or counseling in the past: _____

If yes, When: _____ For how long: _____ For what reason: _____

What was the outcome: _____ Was it helpful: _____

Describe the reasons that you are here for: _____

How long have you had this problem: _____

How does this problem affect you in your life and your relationships with other people: _____

What are your expectations in therapy? _____

PERSONAL INFORMATION

What are your hobbies: _____

What are your recreational activities and how often do you enjoy them: _____

Describe yourself as a person: _____

How do you feel about the school you attend: _____

What courses are you currently taking: _____

What would you like to do when you graduate: _____

Are you involved in any extra-curricula activities? Which ones: _____

How do feel about the teachers and the administrative people: _____

How are your relationships with the other students: _____

What is your room like: _____

What are some things that are important to you: _____

How do you feel about your life at home: _____

How do you feel about your family: _____

Do you enjoy doing things with your family - parents, brothers & sisters: _____

What are some things you do with them: _____

Do you do things with your friends outside of school? Examples: _____

Do you have a job: _____ If yes, describe it. (Kind of work, location, hours, reasons for wanting to earn money, people you work with): _____

Three wishes I have:

1) _____

2) _____

3) _____

Three fears I have:

1) _____

2) _____

3) _____