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Demographic - MINOR

I want to make the most of each appointment with my clients. One way of doing this is for you to write down some basic information regarding the minor in advance of his/her first appointment. Please fill out the following as completely and legibly as possible. The information you provide on this form is confidential and cannot be released to anyone without your explicit written consent. If you have concerns about the relevance of any information requested and wish to leave it out, please feel free to do so.

I. Client Demographic

Last Name | First Name | Date of Birth

Street/Mailing Address | Email Address

City | State | Zip

Phone #1
Contact at this number? ☐ Yes ☐ No
Message at this number? ☐ Yes ☐ No

Phone #2
Contact at this number? ☐ Yes ☐ No
Message at this number? ☐ Yes ☐ No

☐ Male ☐ Female ☐ Transgender ☐ Other: ________________ ☐ Decline to State

Birthplace | Ethnicity | Primary Language

II. Authorizing Party Demographic

Last Name | First Name | Date of Birth

Street/Mailing Address | Email Address

City | State | Zip

Phone #1
Contact at this number? ☐ Yes ☐ No
Message at this number? ☐ Yes ☐ No

Phone #2
Contact at this number? ☐ Yes ☐ No
Message at this number? ☐ Yes ☐ No

Relationship to minor

III. Emergency Contact (If different from Authorizing Party)

Last Name | First Name

Address

City | State | Zip

Phone #1
Contact at this number? ☐ Yes ☐ No
Message at this number? ☐ Yes ☐ No

Phone #2
Contact at this number? ☐ Yes ☐ No
Message at this number? ☐ Yes ☐ No

Relationship to minor

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IV. General Health Information

Do any of the following apply to the minor? ☐ Not Applicable

A. *History* of… — If checked, please explain…

- ☐ Use of tobacco products ______________________
- ☐ Use of alcohol ______________________
- ☐ Use of illicit substances ______________________
- ☐ Misuse of prescription drugs ______________________
- ☐ Use of caffeine ______________________
- ☐ Exercise on a regular basis ______________________

B. *Current*… — If checked, please explain…

- ☐ Use of tobacco products ______________________
- ☐ Use of alcohol ______________________
- ☐ Use of illicit substances ______________________
- ☐ Misuse of prescription drugs ______________________
- ☐ Use of caffeine ______________________
- ☐ Exercise on a regular basis ______________________

What else should I know about the minor's general health?

____

____

____

V. Medical History

Pediatrician/Primary Care Physician (*current*) ☐ Not Applicable

____
Last Name First Name

____
Address

____
City State Zip

____
Phone Fax

A. Is the minor *currently* under the care of a medical specialist? ☐ Yes ☐ No

If yes, please explain type of specialist: ______________________

B. Has the minor *ever* been under the care of a medical specialist? ☐ Yes ☐ No

If yes, please explain when and type of specialist: ______________________

C. Please list any *chronic illnesses*, *disabilities*, *and/or medical conditions* that the minor has been professionally diagnosed with: ☐ Not Applicable

____
Illness/Disability/Medical Condition Date Diagnosed

____
Illness/Disability/Medical Condition Date Diagnosed

____
Illness/Disability/Medical Condition Date Diagnosed

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D. Please list any medications, prescription and over-the-counter, the minor *currently* takes for any chronic illnesses, disabilities, and/or medical conditions. Include the name of the medication, what the medication is treating, the dosage (mg), and how often the medication is taken. ☐ Not Applicable

Medication Condition Dosage (mg) per d/w/m

Medication Condition Dosage (mg) per d/w/m

Medication Condition Dosage (mg) per d/w/m

When was the minor's most recent physical/check-up? ____________________ ☐ Not Applicable

What else should I know about the minor's medical history?

VI. Mental Health History

Psychiatrist (*current*) ☐ Not Applicable

Last Name First Name

Address

City State Zip

Phone Fax

Psychologist, Therapist, or Counselor (*current*) ☐ Not Applicable

Last Name First Name

Address

City State Zip

Phone Fax

A. Has the minor *ever* been under the care of a psychiatrist? ☐ Yes ☐ No
If yes, please explain:

Dates Psychiatrist Circumstances

Dates Psychiatrist Circumstances

Dates Psychiatrist Circumstances

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B. Has the minor *ever* been in therapy and/or counseling? ☐ Yes ☐ No
If yes, please explain:

Dates Therapist/Counselor Circumstances

Dates Therapist/Counselor Circumstances

Dates Therapist/Counselor Circumstances

C. Has the minor *ever* been admitted to a psychiatric hospital? ☐ Yes ☐ No
If yes, please explain:

Dates Hospital Circumstances

Dates Hospital Circumstances

Dates Hospital Circumstances

D. Please list any *mental health conditions* that the minor has been professionally diagnosed with: ☐ Not Applicable

Mental Health Condition Date Diagnosed

Mental Health Condition Date Diagnosed

Mental Health Condition Date Diagnosed

E. Please list any medications, prescription and over-the-counter, the minor *currently* takes for any mental health conditions. Include the name of the medication, what the medication is treating, the dosage (mg), and how often the medication is taken. ☐ Not Applicable

Medication Condition Dosage (mg) per d/w/m

Medication Condition Dosage (mg) per d/w/m

Medication Condition Dosage (mg) per d/w/m

What else should I know about the minor's mental health history?

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VII. Trauma History

Check the box next to the events the minor has witnessed and/or experienced, *currently and/or in the past*.

☐ Not Applicable

☐ Natural disaster
☐ Human-made disaster
☐ Serious accident/injury
☐ Chemical or radiation exposure
☐ Life-threatening illness
☐ Death of close friend
☐ Death of family member
☐ Kidnapping
☐ Hostage situation
☐ Terrorist attack
☐ Torture
☐ War
☐ Dead bodies (not at a funeral)
☐ Attack with a weapon
☐ Injury from hitting, spanking, choking, pushing
☐ Forced, unwanted sexual contact
☐ Other: ________________________________
☐ Other: ________________________________

Please explain:

____

____

____

What else should I know about the minor's trauma history?

____

____

____

VIII. Crisis History

A. Is the minor *currently* making statements indicating s/he wants or is intending to
☐ No YES: ☐ kill themself?
☐ die?
☐ seriously harm themself (without the intent to die)?
If yes to any, please explain: ________________________________

B. Is the minor *currently* making statements indicating s/he wants or is intending
☐ No YES: ☐ to kill someone else?
☐ someone else to die?
☐ to seriously harm someone else (without the intent of death)?
If yes to any, please explain: ________________________________

C. Has the minor *ever* made statements indicating s/he wants or intends to
☐ No YES: ☐ kill themself?
☐ die?
☐ seriously harm themself (without the intent to die)?
If yes to any, please explain: ________________________________

D. Has the minor *ever* attempted to kill themself? ☐ Yes ☐ No
If yes, please explain:

____
Date Circumstances Result *(Hospitalization, therapy, etc.)*

____
Date Circumstances Result *(Hospitalization, therapy, etc.)*

____
Date Circumstances Result *(Hospitalization, therapy, etc.)*

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E. Has the minor ever seriously harmed themselves (without the intent to die)? ☐ Yes ☐ No
If yes, please explain:

Date	Circumstances	Result *(Hospitalization, therapy, etc.)*
Date	Circumstances	Result *(Hospitalization, therapy, etc.)*
Date	Circumstances	Result *(Hospitalization, therapy, etc.)*

F. Has the minor ever seriously harmed someone else with or without the intent of death? ☐ Yes ☐ No
If yes, please explain:

Date	Circumstances	Result *(Hospitalization, therapy, etc.)*
Date	Circumstances	Result *(Hospitalization, therapy, etc.)*
Date	Circumstances	Result *(Hospitalization, therapy, etc.)*

What else should I know about the minor's crisis history?

IX. Family History

A. Biological Mother ☐ Deceased ☐ Incarcerated ☐ Unknown ☐ Other: ____________________

Last Name First Name

Occupation

B. Biological Father ☐ Deceased ☐ Incarcerated ☐ Unknown ☐ Other: ____________________

Last Name First Name

Occupation

C. Biological parents are: ☐ Single ☐ Married ☐ Partnered ☐ Separated ☐ Divorced ☐ Widowed

D. Does minor have any siblings? ☐ Yes ☐ No
If yes, please provide the following:

Name	Age	Gender	Bio/Step/Adopted/Other	Residence
Name	Age	Gender	Bio/Step/Adopted/Other	Residence
Name	Age	Gender	Bio/Step/Adopted/Other	Residence

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E. Is there a history of *diagnosed/undiagnosed mental illness* in the minor's family? ☐ Yes ☐ No
If yes, please give the relationship of the relative to the minor and the mental illness (if known).

____
Relationship: ☐ Maternal ☐ Paternal ☐ Unknown Mental Illness: ☐ Diagnosed ☐ Undiagnosed

____
Relationship: ☐ Maternal ☐ Paternal ☐ Unknown Mental Illness: ☐ Diagnosed ☐ Undiagnosed

F. Is there a history of *diagnosed/undiagnosed substance use disorder/addiction* in the minor's family? ☐ Yes ☐ No
If yes, please give the relationship of the relative to the minor and the substance/addiction (if known).

____
Relationship: ☐ Maternal ☐ Paternal ☐ Unknown Substance/Addiction: ☐ Diagnosed ☐ Undiagnosed

____
Relationship: ☐ Maternal ☐ Paternal ☐ Unknown Substance/Addiction: ☐ Diagnosed ☐ Undiagnosed

What else should I know about the minor's family history?

____

____

____

X. Education and Development History

A. What school does the minor <u>currently</u> attend? ______________________________

B. What grade is the minor <u>currently</u> in? ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Other: _____

C. Has the minor <u>ever</u> repeated a grade? ☐ Yes ☐ No

If yes, please explain: ______________________________

D. Does the minor <u>currently</u> receive special education services? ☐ Yes ☐ No

If yes, please explain: ______________________________
If yes, is there a current 504 or IEP in place? ☐ Yes ☐ No

E. Has the minor <u>ever</u> received special education services? ☐ Yes ☐ No

If yes, please explain: ______________________________

F. Is the minor <u>currently</u> in any gifted, talented, and/or honours program? ☐ Yes ☐ No

If yes, please explain: ______________________________

G. Has the minor <u>ever</u> been involved in any gifted, talented, and/or honours program? ☐ Yes ☐ No

If yes, please explain: ______________________________

H. Does the minor <u>currently</u> receive tutoring and/or additional education services (<u>not</u> special education)? ☐ Yes ☐ No

If yes, please explain: ______________________________

I. Has the minor <u>ever</u> received tutoring and/or additional education services (<u>not</u> special education)? ☐ Yes ☐ No

If yes, please explain: ______________________________

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J. Please check any of the following that the minor is currently experiencing or has experienced at school:

- ☐ Detention
- ☐ Suspension
- ☐ Expulsion
- ☐ Fighting
- ☐ Gang influences
- ☐ Alcohol/Drug issues
- ☐ Behaviour problems
- ☐ Lack of friends
- ☐ Incomplete homework
- ☐ Poor attendance
- ☐ Poor grades
- ☐ Other: ______________________________

K. Is the minor *currently* a victim of bullying? ☐ Yes ☐ No

If yes, please explain: ____

L. Has the minor *ever* been the victim of bullying? ☐ Yes ☐ No

If yes, please explain: ____

M. Is the minor *currently* bullying others? ☐ Yes ☐ No

If yes, please explain: ____

N. Has the minor *ever* bullied others? ☐ Yes ☐ No

If yes, please explain: ____

What else should I know about the minor's educational and/or developmental history?

____

____

____

XI. Symptoms

A. What symptoms has the minor's been having how long have they been active? ☐ Not Applicable

____

____

____

B. Do these symptoms affect the minor's activities of daily living? ☐ Yes ☐ No
If yes, which ones?

- ☐ Independent Living Tasks (utilizing food, clothing, shelter appropriately)
- ☐ Social/Community Relationships (engaging in meaningful activities, connecting with friends/family)
- ☐ Vocational/Educational Responsibilities (meeting school/home demands and requirements)
- ☐ Physical Care Routines (attending appointments, exercising, maintaining self-hygiene)

XII. Strengths and Goals

A. What are some *strengths* of the minor? What do you like about the minor?

____

____

____

B. How would you describe the minor's *self-esteem*?

____

____

____

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C. Why have you sought mental health services for the minor today?

____

____

____

D. What symptoms does the minor demonstrate and how long have they been active?

____

____

____

E. In your own words, what is the nature of the concern that you wish the minor to address in therapy?

____

____

____

F. What are *your* goals for the minor as s/he engages in therapy?

____

____

____

G. What are the *minor's* goals for therapy? What does s/he want to accomplish?

____

____

____

What else should I know about the minor?

____

____

____

Referred by? ____

I attest I am the person whose name appears as the "Authorizing Party" on the first page and all information provided is accurate and true.

____
Client Name (PRINT)

____
Authorizing Party (PRINT)

____
Authorizing Party (SIGNATURE) DATE

Reason for Authorizing Representation:
☐ Client is a minor
☐ Client is deceased
☐ Other: ______________________

Type of Authorizing Representation:
☐ Parent
☐ Legal Guardian
☐ Estate Representative
☐ Other: ______________________

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