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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 about the minor client in advance of their 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? ☐ N ☐ Y
Message at this number? ☐ N ☐ Y

Phone #2
Contact at this number? ☐ N ☐ Y
Message at this number? ☐ N ☐ Y

**A.** ☐ Male ☐ Female ☐ Transgender ☐ Other:_____ ☐ Decline to State

**B.** Birthplace:_____ Ethnicity:_____

## 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? ☐ N ☐ Y
Message at this number? ☐ N ☐ Y

Phone #2
Contact at this number? ☐ N ☐ Y
Message at this number? ☐ N ☐ Y

Relationship to minor client _____

**III.** Referred by? _____

## IV. Emergency Contact (If different than Authorizing Party)

Last Name First Name

Address

City State Zip

Phone #1 Phone #2

Relationship to client

## V. General Health Information

Please fill out the following information:

| Historical… | No | Yes | If yes, please explain: | Current… | No | Yes | If yes, please explain: |
|---|---|---|---|---|---|---|---|
| Use of tobacco products | ☐ | ☐ | | Use of tobacco products | ☐ | ☐ | |
| Use of alcohol | ☐ | ☐ | | Use of alcohol | ☐ | ☐ | |
| Use of illicit substances | ☐ | ☐ | | Use of illicit substances | ☐ | ☐ | |
| Misuse of prescription drugs | ☐ | ☐ | | Misuse of prescription drugs | ☐ | ☐ | |
| Use of caffeine | ☐ | ☐ | | Use of caffeine | ☐ | ☐ | |
| Daily exercise | ☐ | ☐ | | Daily exercise | ☐ | ☐ | |

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

## VI. 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? ☐ N ☐ Y *If yes, please explain:*

_____

**B.** Has the minor *ever* been under the care of a medical specialist? ☐ N ☐ Y *If yes, please explain:*

_____

**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 |

**D.** Please list any medications, prescription and over the counter, the minor *currently* takes for any chronic illnesses, disabilities, and/or medical conditions. ☐ Not Applicable

| Medication | Condition | Dosage (mg) |
|---|---|---|
| Medication | Condition | Dosage (mg) |
| Medication | Condition | Dosage (mg) |

**E.** When was the minor's most recent physical/check-up?_____ ☐ Not Applicable

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

## VII. Mental Health History

**A.** Psychiatrist (*current*) ☐ Not Applicable

| Last Name | First Name | | |
|---|---|---|---|
| Address | | | |
| City | | State | Zip |
| Phone | Fax | | |

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

| Last Name | First Name | | |
|---|---|---|---|
| Address | | | |
| City | | State | Zip |
| Phone | Fax | | |

**C.** Has the minor *ever* been under the care of a psychiatrist? ☐ N ☐ Y *If yes, please explain:*

| Dates | Psychiatrist | Circumstances |
|---|---|---|
| Dates | Psychiatrist | Circumstances |
| Dates | Psychiatrist | Circumstances |

**D.** Has the minor *ever* received therapy and/or counseling? ☐ N ☐ Y *If yes, please explain:*

| Dates | Therapist/Counselor | Circumstances |
|---|---|---|
| Dates | Therapist/Counselor | Circumstances |
| Dates | Therapist/Counselor | Circumstances |

**E.** Has the minor *ever* been admitted to a psychiatric hospital? ☐ N ☐ Y *If yes, please explain:*

| Dates | Hospital | Circumstances |
|---|---|---|
| Dates | Hospital | Circumstances |
| Dates | Hospital | Circumstances |

**F.** 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 |

**G.** Please list any medications, prescription and over the counter, the minor *currently* takes for any mental health conditions. ☐ Not Applicable

| Medication | Condition | Dosage (mg) |
|---|---|---|
| Medication | Condition | Dosage (mg) |
| Medication | Condition | Dosage (mg) |

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

## VIII. Trauma History

Check the box next to the events the minor has witnessed and/or experienced, *currently and/or in the past*. ☐ Not Applicable

| | Yes | If yes, please explain: |
|---|---|---|
| Natural disaster | ☐ | |
| Human-made disaster | ☐ | |
| Serious accident/injury | ☐ | |
| Chemical or radiation exposure | ☐ | |
| Life-threatening illness | ☐ | |
| Death of a close friend, family member, or co-worker | ☐ | |
| Suicide of a close friend, family member, or co-worker | ☐ | |
| 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: | ☐ | |
| Other: | ☐ | |

What else should I know about your trauma history?_____

## IX. Crisis/Suicide History

**A.** Is the minor *currently* indicating s/he is having thoughts of wanting or 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* indicating s/he thoughts of wanting or 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, in their life,* indicated s/he has had thoughts of wanting or intending 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? ☐ N ☐ Y *If yes, please explain:*

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

**E.** Has the minor *ever* seriously harmed themself (without intending to die)? ☐ N ☐ Y
*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?
☐ N ☐ Y *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?_____

## X. 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 Other:_____

**D.** Does the minor have any siblings? ☐ N ☐ Y *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 |

**E.** Is there a history of *diagnosed/undiagnosed mental illness* in the minor's family? ☐ N ☐ Y
*If yes, please explain:*

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

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

**F.** Is there a history of *diagnosed/undiagnosed substance use disorder/addiction* in the minor's family? ☐ N ☐ Y *If yes, please explain:*

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

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

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

## XI. Education and Developmental History

**A.** What school does the minor *currently* attend?_____

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

**C.** Has the minor *ever* repeated a grade? ☐ N ☐ Y *If yes, please explain:*

**D.** Does the minor *currently* receive special education services? ☐ N ☐ Y *If yes, please explain:*

Is there a current 504 or IEP in place? ☐ N ☐ Y

**E.** Has the minor *ever* received special education services? ☐ N ☐ Y *If yes, please explain:*

**F.** Is the minor *currently* in any gifted, talented, and/or honours program? ☐ N ☐ Y
*If yes, please explain:*

**G.** Has the minor *ever* been involved in any gifted, talented, and/or honours program? ☐ N ☐ Y
*If yes, please explain:*

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**H.** Does the minor *currently* receive tutoring and/or additional education services (not special education)? ☐ N ☐ Y *If yes, please explain:*

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**I.** Has the minor *ever* received tutoring and/or additional education services (not special education)? ☐ N ☐ Y *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:

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

**K.** Is the minor *currently* a victim of bullying? ☐ N ☐ Y *If yes, please explain:*

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**L.** Has the minor *ever* been the victim of bullying? ☐ N ☐ Y *If yes, please explain:*

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**M.** Is the minor *currently* bullying others? ☐ N ☐ Y *If yes, please explain:*

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**N.** Has the minor *ever* bullied others? ☐ N ☐ Y *If yes, please explain:*

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

## XII. Symptoms

**A.** What symptoms does the minor have and how long have they been active? ☐ Not Applicable

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**B.** Do these symptoms affect the minor's activities of daily living? ☐ N ☐ Y *If yes, which ones?*

☐ Independent Living Tasks (utilizing food, shelter, clothing, and basic living essentials appropriately)
☐ Social/Community Relationships (engaging in meaningful activities, connecting with others)
☐ Vocational/Educational Responsibilities (accomplishing home and/or school demands and requirements)
☐ Physical Care Routines (attending medical/mental health appointments, exercising, maintaining self-hygiene)

## XIII. Strengths and Goals

**A.** What are the minor's *strengths*? What do people like about the minor? What do YOU like about the minor?

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

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**C.** What are the minor's current coping skills? What helps the minor function now?

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**D.** What meaningful activities does the minor participate in and how often?

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**E.** What are the minor's cultural, spiritual, or religious beliefs, if any?

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

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**G.** What are your *goals* for the minor as they engage in therapy?

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What else should I know about the minor?

***I attest I am the Authorizing Party whose name appears on the first page of this document and all information provided herein is accurate and true.***

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Client (PRINT)

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*Client (SIGNATURE)** DATE*

**ONLY if minor client is aged 12-17 years seeking independent therapy*

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Authorizing Party (PRINT)

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

Type of Authorizing Representation:
- ☐ Parent with sole legal and/or physical custody*
- ☐ Parent with joint legal and/or physical custody*
- ☐ Legal Guardian*
- ☐ Estate Representative*
- ☐ Other: _____

** You may be required to provide documentation validating this status*

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*Authorizing Party (SIGNATURE)* DATE