

Brief Personal History (Adolescent)

Date of first session: _____
Name _____ Birthdate _____
Address _____ City: _____ State & zip: _____
Preferred phone _____ Best times to reach you: _____
Ok to leave message? yes no Alt. phone: _____
School and grade: _____
Employer and type of job: _____
Emergency Contact and phone number; what is this person's relationship to you?

Family

Person(s) with whom living (Family members/Roommate) _____

Mother's Name, age, and health/living status: _____
Father's Name, age, and health/living status: _____
Are your parents married, divorced, or separated? _____ If they are divorced or separated,
how old were you when this happened? _____
Other significant caregivers: _____
Siblings' Names and ages: _____
Sexual Orientation: _____ Gender identity: _____
Religious Preference/Affiliation _____

Medical History

Physician(s) _____ Phone _____
Address (at least city) _____
Current Medications and Dosages _____
Date of last Medical Exam, significant health issues _____

Significant past medical/health events: _____

Personal History

Please describe any family history of psychiatric issues, suicide attempts, or drug/alcohol problems:
(Please write on the reverse if there's not enough space here.)

What, if any, traumatic experiences have you had at any time in life?

How would you describe your school experience? _____

Have you been in psychotherapy before? _____ approximate dates _____

With whom and where? _____

How would you describe your prior therapy? _____

What brings you to therapy now? _____

What do you see as your greatest strengths? _____

Please describe current stressors in your life: _____

Whom do you rely on for support in times of difficulty? _____

What significant losses have you experienced in the last 2-5 years? _____

How much alcohol do you usually drink per week? _____

How much of another drug do you usually use per week? _____

Do you see your alcohol or drug use as a problem? _____ Has anyone else? _____

If you could change one thing about yourself, what would it be? _____

If you could change one thing about your life, what would it be? _____

If you could change one thing about your family, what would it be? _____

What are you most interested in? _____ What do you dislike the most? _____

What else would you like me to know? _____

What would you like to gain from therapy? _____

Who referred you to me or how did your family find out about my services as a psychotherapist?
