



Please call 815-290-9711 before completing this form to ensure we can meet your needs and have an opening

This form should be completed by the guardian of the teen desiring counseling

Today's Date _____ Name of person completing this form _____

Relationship to the teen _____ Phone number of guardian _____

Email address of guardian _____

Teen's Name _____

Teen's Gender M F Teen's DOB _____ Teen's School _____ Grade _____

Teen's street address _____

Teen's City _____ Teen's State _____ Teen's Zip Code _____

Biological Father Information (If no contact please indicate. Provide as much info. as you are comfortable)
Name _____ Age _____ Marital Status _____

Occupation _____

Lives with Teen? Y N If no, how often does the teen see him? _____

Biological Mother Information (If no contact please indicate. Provide as much info. as you are comfortable)

Name _____ Age _____ Marital Status _____

Occupation _____

Lives with Teen? Y N If no, how often does the teen see her? _____

If the teen is adopted please indicate adoptive parents information. Leave blank if not adopted

Father Information

Name _____ Age _____ Marital Status _____

Occupation _____

Lives with Teen? Y N If no, how often does the teen see him? _____



Mother Information

Name _____ Age _____ Marital Status _____

Occupation _____ Highest Grade Attended _____

Lives with Teen? Y N If no, how often does the teen see her? _____

Does the teen have other regular caregivers (step parent, grandparent, other family member, friend, etc.)?

Y N If yes, please list and explain _____

Please list the names and ages of ALL those who live in the same household as the teen (siblings, other family members, etc.)

Counseling Data

List the teen's primary care doctor _____ phone _____

Teen's psychiatrist (if applicable) _____ Phone _____

Who referred you to counseling? _____

Has your teen ever been to counseling before? Y N If yes, please list when, with whom and why:



Why are you seeking counseling for your teen at this time? _____

When did you first notice the problem(s)? _____

How does your teen feel about the problem? _____

What do you think it will take to make the problem better? _____

Has your teen ever abused medication, drugs, or alcohol? Y N If yes, please explain when and if it is still a problem: _____

Has your teen ever talked about hurting him/herself or anyone else? Y N If yes, please describe

How does your teen *usually cope* when under stress (tries to solve problem, become anxious, cries, shuts down, becomes angry, seeks out adult help, etc.)? _____



Developmental History

If your teen was adopted, answer to the best of your ability or write "unknown."

How did the parents feel when they found out mom was pregnant? Was the teen planned? _____

Please circle all that occurred during the mother's pregnancy with this teen:

Smoking (Packs per day____)	Drinking Alcohol (# of drinks per day____)	Marijuana use (frequency____)	Cocaine/Crack use (frequency____)
LSD use (frequency____)	Other street drug (____)	Physical abuse of mother	Extreme stress
Major illness of mom	Major injury mom	Irregular prenatal care	Mom depressed

Any complications during pregnancy? _____

Any complications during birth? _____

Any complications soon after birth or in first year of life? _____

Answer to the best of your knowledge: Teen's birth weight _____

Premature birth Y N If yes, how many weeks? _____

Would you say your teen developed faster, slower, or at about the same rate as other teenren? _____

If your teen was adopted, please share the adoption story.

Age of teen when adopted _____ Local or Foreign Adoption _____

Circumstances leading to adoption (why did family want to adopt?) _____

How does the teen feel about being adopted (in the past and today)? _____

In your opinion does the fact the teen was adopted have anything to do with circumstances leading you to counseling? _____

Additional comments _____

Medical History

Current medication teen is taking

Name	Dose (& times per day)	Doctor Name who prescribed	Reason

Please list (name only) any past medications this teen took for behavior or psychological problems:

Please list any surgeries or hospitalizations: _____

Describe (by circling) the teen's relationship with the following:

Father's parents	Excellent	Good	Fair	Poor
Mother's Parents	Excellent	Good	Fair	Poor
Siblings	Excellent	Good	Fair	Poor
Aunts/uncles	Excellent	Good	Fair	Poor
Cousins	Excellent	Good	Fair	Poor
Other _____	Excellent	Good	Fair	Poor

Family History

Does anyone in the teen's immediate or extended family have the following problems (brother, sister, parent, grandparent, aunt, uncle, cousin):

Problem	Who Had Problem	Problem	Who Had Problem
Depression		Manic	
Nervous Breakdown		Psychiatric hospital stay	
Delayed reading		Delayed speech	
Mental retardation		Attention problems	
Hyperactivity		Heavy Drinking	
Drug abuse		Suicide	
Stealing		School problems	
Epilepsy		Criminal behavior	
Anxiety		Bedwetting	
Aggressive		Schizophrenia	
Autism		Eating Disorder	
Insomnia		Genetic Disorder	
OCD		Other	

How is discipline handled in the family (grounding, take away privileges, spanking, etc.)? _____

Who is most responsible for discipline? Mom Dad Both Other _____

Describe the family's spirituality (go to church, believe in God, atheist, pray, etc.) _____

Is the teen's spirituality the same as the family's? _____

Are there any current family stressors that may affect the teen (divorce, fighting, job loss, illness, recent change, etc.)? _____

Please indicate if any of the following have occurred in the family:

Event	Date(s)	Description/Comments
Parental divorce		
Parental separation		
Marital problems		
Domestic violence		
Excessive conflict		
Death of parent		
Death of sibling		
Death of grandparent		
Other family death		
Death of close friend		
Alcohol/drug abuse		
Move to new home		
Physical abuse		
Sexual abuse		
Emotional abuse		
Significant illness		
Parent in military		
Separation from parent		
Other changes		



Social History

Does your teen have friends? Y N How many? _____

Describe your teen socially (friendly, unfriendly, keeps to self, others don't seem to like, etc.) _____

How does your teen get along with adults (outside of immediate family)? _____

How does your teen get along with siblings? _____

How does your teen get along with other teenagers? _____

Academic History

At what age did your teen first start school (include pre-school)? _____

Has your teen ever been held back a grade? If so when? _____

Is your teen in a special school placement (resource, special education, gifted, LD, ED, etc.)? _____

Does your teen have an IEP? Y N If yes, please briefly state the main reason _____

Describe your teen's behavior at school _____

Is there anything you would like to add about your teen's academics? _____

Is there anything else you would like us to know? _____