

**ADOLESCENT CLIENT INFORMATION FORM**

**GENERAL INFORMATION**

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

*You have my permission to contact me by*  **Home Phone**  **Cell Phone**  **E-mail**  **Text Message**

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Car Make \_\_\_\_\_ Lic. # \_\_\_\_\_

**EMPLOYMENT (Parent/Guardian) & SCHOOL (Adolescent)**

Dad/Guardian Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Mom/Guardian Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Name of Minor's School \_\_\_\_\_ City \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Grade \_\_\_\_\_ School Counselor \_\_\_\_\_ Grades in current classes \_\_\_\_\_

Favorite Subjects \_\_\_\_\_ Least Favorite \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

**PERSONAL / FAMILY INFORMATION**

Parents' Marital Status \_\_\_\_\_

If divorced or not with parent, who has legal custody? \_\_\_\_\_ physical custody? \_\_\_\_\_

What is visitation arrangement? \_\_\_\_\_ Names/ages of siblings \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) ( ) \_\_\_\_\_

**FINANCIAL INFORMATION**

Preferred Payment:  Cash  Check  Credit Card

Card Type  VISA  MC  Discover **(Credit Card Billing will appear as THERAPY PARTNER)**

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

**Credit Card Billing Info**  SAME as client above  DIFFERENT from above (complete below)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I will need claim form for insurance reimbursement**  YES  NO

**OVER**

**CONFIDENTIAL INFORMATION (if age 12 or older, will be shared with parent ONLY if life-threatening)**

Are you CURRENTLY seeing another psychotherapist or counselor? \_\_\_\_ If so: Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ For how long? \_\_\_\_ For what purpose(s)? \_\_\_\_\_

Have you PREVIOUSLY been in psychotherapy or counseling? \_\_\_\_ When? \_\_\_\_\_ For how long? \_\_\_\_\_

For what purpose(s)? \_\_\_\_\_ What worked/did not work for you in that therapy? \_\_\_\_\_

Why are you here today? \_\_\_\_\_

\_\_\_\_ Problems with boy/girlfriends or sexual matters? \_\_\_\_\_

\_\_\_\_ Learning disabilities/academic problems? \_\_\_\_\_

\_\_\_\_ Alcohol, drug, or tobacco dependence or frequent use? \_\_\_\_\_

\_\_\_\_ Eating disorder(s)? \_\_\_\_\_

\_\_\_\_ Legal problems? \_\_\_\_\_

\_\_\_\_ Self-injury or other addictive or compulsive behavior(s)? \_\_\_\_\_

\_\_\_\_ Depression or suicidal thoughts/attempts? \_\_\_\_\_

\_\_\_\_ Anger, arguments, domestic violence? \_\_\_\_\_

\_\_\_\_ Anxiety or panic attacks? \_\_\_\_\_

\_\_\_\_ Other? \_\_\_\_\_

List stressful situations in your life (accident, hospitalization, separation fm loved ones, traumatic event, head injury, etc.)  
\_\_\_\_\_

What have you found has been helpful to you when you have felt depressed, anxious, etc.?  
\_\_\_\_\_

In ONE word, describe how you are feeling in general lately: \_\_\_\_\_ how you feel today \_\_\_\_\_

What do you want to be doing in 5 years? \_\_\_\_\_ in 10 years? \_\_\_\_\_

**MEDICATIONS AND MEDICAL HISTORY**

Please list ALL prescription medications you are CURRENTLY taking:  
\_\_\_\_\_

Please list any PREVIOUS medications you have taken for psychological purposes:  
\_\_\_\_\_

How much/how often do you:

smoke cigarettes \_\_\_\_ drink alcohol \_\_\_\_ use caffeine (coffee/cola/chocolate) \_\_\_\_\_

use any other drugs (marijuana, cocaine, ecstasy, etc) \_\_\_\_\_

Physical or medical conditions: \_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Tell me something else about you: \_\_\_\_\_