

Biographical Information Form For Teens

Parents: Please have your teen fill out this biographical background form as completely as possible. It will help me in our work together and in understanding why you are seeking help for your child at this time. You may need to help your teen fill in some of the historical information.

Teens: Information you report here is confidential as outlined in the Disclosure Statement Form. Please print or write clearly and bring it with you to the first session.

Name: _____ Male/Female: _____ Date: _____

Address: _____

Telephone: (h) _____ (c) _____ (w) _____

For **routine** messages: Phone # _____ Email: _____

For **confidential** messages: Phone # _____ Email: _____

Person & phone # to call in emergency: _____

Referral source (who/what brought you here?): _____

Date of birth _____ Birthplace: _____ Age: _____

Current grade level: _____ Name of School: _____

Name of Teacher and/or Counselor: _____

Presenting problem (be as specific as you can: when did it start, how does it affect you, etc.):

Estimate the severity of above problem: Mild Moderate Severe Very Severe

Previous Care:

Have you participated in psychotherapy before? Yes No

of months year(s) _____ (beginning-to-end) & estimated # of sessions _____

Type: Individual Family Group Inpatient Day Treatment

Name, degree, phone # of therapist, initial reason for therapy, brief description of the relationship and how helpful it was, and how/why it ended):

1. _____

2. _____

Use other side of the page for more information about psychotherapists if necessary.

Medical doctor (name/phone): _____

Past/present medical care (major medical problems, psychiatric hospitalizations, surgeries, injuries, illness):

Specify medication you are presently taking and for what. Please PRINT clearly:

Past and/or present drug/alcohol use/abuse:

Are you presently feeling suicidal? Yes No Maybe

Suicide attempt(s) or violent behavior (describe: age(s), reason(s), circumstances, how, etc.):

Past and/or present self-regulating behaviors (cutting, binge eating, drug use, sexual acting out, etc.)

Family Status and History:

Parents / Step-parents / Grandparents (name, occupation, brief statement about how you get along, if dead: age and cause of death):

Father: _____

Mother: _____

Step-parents: _____

Grandparents: _____

Siblings (name, age, step siblings if any, brief statement about how you get along, if dead: age and cause of death):

- 1. _____
- 2. _____
- 3. _____

If parents divorced: Your age at the time: _____. Describe how it affected you at the time:

Family history of alcoholism, mental illness, or violence (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

Family medical history (describe any illnesses that run in the family: cancer, heart disease, epilepsy, autism, etc.):

School and Community:

How would you say you are doing in school? Fine, no problems Some problems Lots of problems

Describe below what kind of problems you experience in school (academic, social, behavioral):

What extra-curricular activities are you involved in? (sports, music, church, volunteer, etc.)

Friendships:

Who are you closest to? _____

How long have you known them? _____

Can you trust them? Yes No Sometimes

Do you currently have a boyfriend or girlfriend? Yes No

If yes, what is their name and how long have you been together? _____

Have you been sexually active in the past? Yes No

Are you currently sexually active? Yes No

Self Care:

How would you rate the quality of your sleep? Poor Adequate Good Excellent

Please describe your sleep patterns (how many hours per night, when you go to bed, quality, and problems if any)

How would you rate the quality of your eating habits? Poor Adequate Good Excellent

Please describe what you would eat in a typical day (include each meal and what you would typically eat)

How much do you use the following: (hours per day)

Internet: _____

Talking on Phone: _____

Texting: _____

Gaming: _____

TV: _____

How often do you exercise? Never Only in P.E. Daily Once a week Other: _____

What types of exercise do you engage in?

All about you:

What gives you the most joy or pleasure in your life?

What are your main worries and fears?

Do you want to go to college? Yes No Maybe

What do you want to be when you grow up?

What are your most important hopes & dreams?

Please add on the other side of the page or on a separate page any other information you would like me to know about you and your situation.

Signed: _____ Date: _____