

Today's Date _____

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Licensed Psychologist

Client Information Sheet - Adolescent

Client Name _____ **Date of Birth** _____ **Age** _____
Street Address _____
City, State _____ **Zip** _____
School _____ **Grade** _____
Cell phone _____

Parent(s) with whom Client is living:

Name _____	Name _____
Date of Birth _____	Date of Birth _____
Cell phone _____	Cell phone _____
Employer _____	Employer _____
Job Title _____	Job Title _____
Marital Status _____	Marital Status _____
Email _____	

Others in house	Relationship	Age	Occupation or Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who referred you to this office? _____
Briefly describe the problems that brought you in today. _____

Have you previously received treatment from a mental health professional? yes no
If so, name: _____ Approx dates of treatment _____
Reason for previous mental health treatment? _____

How helpful was the previous treatment? _____

- Has your child mentioned suicide? yes no
- Has your child threatened suicide? yes no
- Has your child intentionally hurt him/herself? yes no
- Has your child threatened to kill others? yes no
- Has your child seriously hurt others? yes no
- Has your child ever run away? yes no

For all questions marked yes, please provide details:

Check any symptoms your child has been having:

Difficulty sleeping		Lack of energy	
Toileting problems		Excessive energy	
Change in eating habits		Behavior problems at school	
Problems getting along with family		Trouble with the law	
Problems with friends		Truancy/stealing	
Doesn't enjoy usual activities		Irritability	
Trouble doing school work		Isolation/withdrawal	
Anxious		Feelings of guilt	
Low self-esteem		Tobacco use	
Perfectionistic		Drug/alcohol use	
Worries		Sudden feelings of panic	
Fears		Nightmares/sleep disturbances	
Frequent headaches, stomachaches		Vindictive or spiteful	
Anger outbursts		Intentionally hurts animals	
Oppositional		Forgetful	
Vandalism/destruction of property		Bizarre or unusual behavior	
Firesetting		Pregnancy/sexual activity	

Please describe any other symptoms you are concerned about:

Please describe your child's:

Strengths _____

Weaknesses _____

Developmental History:

Describe any problems in pregnancy and delivery: _____

Were there any delays in achieving developmental milestones? If yes, describe: _____

During the first 5 years, describe any concerns you had regarding your child's:

physical development: _____

language development: _____

intellectual development: _____

Emotional/behavioral development: _____

Social development: _____

Educational History:

Is your child currently receiving special education services? yes no

If not, are you concerned that your child may have a learning disability? yes no

Starting with preschool, please note how your child did academically and behaviorally in each grade:

<u>Grade</u>	<u>School</u>	<u>Performance</u>
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Family History:

Has anyone else in the family ever had any psychological/psychiatric problems? Have there been any separations or divorces? Has anything happened to another family member that has affected this child? Please Explain.

Please describe the forms of discipline you use with your child.

Who in the family has the best relationship with your child? _____

The worst? _____

For each family member who consumes alcohol, please list the type and amount of alcoholic beverages consumed in a typical week:

Name	type of Alcohol (beer, wine, cocktail)	Amount per typical week
_____	_____	_____
_____	_____	_____

Is there any family history of alcohol/drug problems? yes no

Is there any family history of abuse or neglect? yes no

Medical History:

Physician _____ Approx date of last visit _____

Current medical problems? _____

Current Medications? _____

Please list any previous hospitalizations or serious illnesses your child has experienced, including dates.

Goals:

Please describe what you hope will occur as a result of our sessions together (how will we know when we are done?):

Acceptance of Financial Responsibility

I have read the Informed Consent and kept it for my records. I agree to abide by all arrangements described therein. I have clarified any questions I had prior to signing this statement.

Signature _____ Date _____