

Adolescent History

Demographics:

Name: _____

Date of Birth: _____ Place of Birth: _____

Parents's Name & Address: _____

Second Address: _____

Siblings: (Names and ages): _____

Parents: Married: Y/N _____ Divorced: Y/N _____ Separated: Y/N _____

(Please include dates)

Custody Arrangement: _____

Visitation/ time-split: _____

Parental Communication: (please circle one)

Regular/easy
contact

Regular/strained

Intermittent

No

Please describe ability of parents/parental figures to communicate and coordinate child-care: _____

Please acknowledge that both parents are consenting to treatment: _____

Early Development (Parent completes this section)

Prenatal complications: (include Apgar score if known) _____

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Labor and delivery complications: (C-section/natural childbirth/induction) _____

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Licensed Psychologist

Describe your child's temperament as a baby (anxious, happy, fussy, difficult)_____

At what ages did you walk/talk?_____

Please list any substances used by mother during pregnancy: (if yes, please list all drugs, trimester used and amount used)_____

Please list any substances used by father during pregnancy: _____

Please list places lived during childhood with dates and locations included:_____

Please list any significant relationships your child experienced such as friends, teachers or extended family members:_____

Please list any traumatic experiences that your child or your family have undergone, include impact of that experience on your child/your family: (include physical/sexual/emotional abuse, witnessing a death, natural disaster.):

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Family History (Parent completes)

Is there a family history of medical problems? (Asthma, allergies, heart disease, diabetes...)_____

Is there a family history of mental health problems? (Bi-polar disorder, schizophrenia, depression, anxiety, suicide...)_____

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Does any family member (immediate and extended) use alcohol or illegal drugs?_

School History (Parent completes with adolescent input)

Please list schools your child attended:_____

What kind of grades did your child earn in school?_____

Has your child ever been retained /suspended/expelled from school? (If yes please indicate reasons for retention/suspension/expulsion)_____

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Are there any special circumstances in your child's educational history: (such as an Individual Education Plan (IEP), tutoring, special education courses like Chapter 1, talented and gifted/honors programs, accommodations like extended test times or special seating)_____

_____ If tested please record date and examiner and bring a copy of the report:

Social History (Adolescent completes)

Please describe your relationships with siblings/friends/adults:_____

Please describe your interests/talents/hobbies:_____

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Please describe your involvement with religious and spiritual beliefs: _____

Please describe any extracurricular activities that you participate in: _____

Treatment History (Adolescent completes with parent input)

Please list any previous treatment providers, dates of service, reason for service, and perceived effect of treatment: _____

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Do you have any concerns or have you experienced any problems with mental health services in the past? _____

Have you received any inpatient mental health services? _____

Have you been prescribed any medication for mental health reasons? _____

Please list the name of your current physician and date of last visit: _____

Please list any past or current medical conditions: (surgery, hospitalization, head injury / concussion, severe illness) _____

Please list any past or current medications: _____

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