Help us Get to Know your Teen!

In order to help us get to know your teen, please complete this form as completely and honestly as possible. Thank you!

Teen's Legal Name____

Nickname____

Date of Birth__________________ **School**____________________ **Grade**_______________

Behavioral Excesses:
What does your teen currently do too often, too much, or at the wrong times that gets him/her in trouble? Please list all the behaviors:

Behavioral Deficits:
What does your teen fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors:

Behavioral Assets:
What does your teen do that you like? What does he /she do that others like?

Others Concerns:
What other concerns do you have about your teen or your family?

Teen's Name: **Nickname:** **Birthdate:**

Treatment Goals:
From your preceding list of your teen's behavior and your family concerns, what problem behaviors do you want to see change first, and how much must they change for you to be satisfied?

Family Relationships:

Name of PARENT	Biological parent	Legal parent or guardian	Has custody	Nights per week	Days per week
	Yes No	Yes No	Full Shares No		
	Yes No	Yes No	Full Shares No		
	Yes No	Yes No	Full Shares No		
	Yes No	Yes No	Full Shares No		

Siblings – Name	Age	Biological Relatedness	Lives with teen?	Explanation

Significant Others NOT living with your teen?				
Name	Age	Relationship	Grade/Job	Role in child's life

Describe any past counseling that either your teen or any family member experienced. Use the back of this page if necessary and check here ______ if you do.

Does anyone in the teen's family use currently (or in the past) any type of drug, tobacco, or alcohol? If yes, please describe:

Teen's Name: **Nickname:** **Date of Birth:**

Education History:

What school does your teen attend?
Address:

Phone: School Counselor's Name: Current Grade:

Are you in regular contact with the school? YES NO If yes, what's the nature of the communication?

Has your teen ever repeated a grade? If so which one(s)
Has your teen ever received Special Education services or been given an IEP/504 Plan? If yes, please summarize accommodations/recommendations:

Has your child experienced any of the following problems at school or home? (Circle all that apply)

fighting	lack of friends	drug/alcohol use	detention
suspension	learning disabilities	poor attendance	poor grades
gang influence	incomplete homework	behavior problems	

Medical History:

What is the name of your teen's physician?
Address: Phone:

Date of teen's last medical examination:

Did the child's mother smoke tobacco or use any alcohol, drugs or medications during the pregnancy?
If so, please list which ones:

Did the child's mother have any problems during the pregnancy or at delivery? If so, please describe them:

Teen's Name: **Nickname:** **Birthdate:**

Has your teen experienced any of the following medical problems? (Circle all that apply)

A serious accident	Hospitalization	Surgery
A head injury	High fever	Convulsions/seizures
Eye/ear problems	Meningitis	Hearing problems
Allergies	Loss of consciousness	Asthma
IBS/Crohn's Disease	Cutting/Self Injury	Other ________________

Does your teen smoke cigarettes? YES NO If yes, please describe your feelings about this:

Is your teen sexually active? YES NO If yes, please describe your feelings about this:

Does your teen consume alcohol or illicit drugs? YES NO If yes, please describe your feelings about it:

Please list current medical problems or physical handicaps:

Please list medications that your teen takes. If your child is under the care of a psychiatrist, please complete the Release of Confidential Information form which will allow us to coordinate services with your teen's psychiatrist.

Other History:

Has your teen ever experienced any type of abuse (physical, sexual, or verbal)? If so please describe:

Has your teen ever talked about hurting him/herself or someone else?

Has he/she ever purposely hurt himself or another? If yes to either question, please describe the situation:

Has your child ever experienced any serious emotional losses (such as a death of or physical separation from a parent or other caretaker)? If yes, please explain:

What is currently stressful to / for your teen and his/her family?