



Names/Ages/Relationship of others living in the home:

Names of other *significant* relationships (grandparents, boyfriend, coach, etc):

Military Experiences \_\_\_\_\_ Ethnic/Culture/Religious Information \_\_\_\_\_

Current or potential legal proceedings \_\_\_\_\_

Is there a family history of mental health issues? Y N What? \_\_\_\_\_

Has a family member been hospitalized for psychiatric/substance issues? Y N Who/When? \_\_\_\_\_

List any diagnosis your child has received, the name of the professional who made the diagnosis, and the date it was given

List any other services or professionals your teen is currently working with (e.g. speech, OT, interventions at school, etc.)

Has your teen had an assessment from a diagnostician, psychologist or school district? Y N

If so, **PLEASE PROVIDE ME WITH A COPY OF THE REPORT.**

Has your teen seen a counselor before? Y N When? \_\_\_\_\_ for What? \_\_\_\_\_

What helped?

What didn't?

Who is in your 'Support System'

List **all** current medications/dosages/how long taken

List any supplements/OTC & for what

Please indicate which of these your teen currently engages in & how often, or your suspicions:

Alcohol \_\_\_\_ servings per \_\_\_\_\_ Tobacco \_\_\_\_ per \_\_\_\_\_ Marijuana \_\_\_\_ per \_\_\_\_\_ Drugs \_\_\_\_\_ per \_\_\_\_\_

RX not prescribed for them \_\_\_\_\_ per \_\_\_\_\_ Gaming \_\_\_\_\_ hours per \_\_\_\_\_

Pornography \_\_\_\_\_ hours per \_\_\_\_\_ Gambling \_\_\_\_\_ per \_\_\_\_\_ Social Media \_\_\_\_\_ hours per \_\_\_\_\_

Substances/addictive behaviors used in the past & when: \_\_\_\_\_

Addiction concerns in Teen? Y N Others? Y N Who/What? \_\_\_\_\_

List Physicians & when last seen

Allergies? Y N What? \_\_\_\_\_ Date of last Physical \_\_\_\_\_

If they diet, what methods are used? \_\_\_\_\_ Do they seem reasonably happy with their body? Y N

Do they intentionally hurt themselves? Y N How? \_\_\_\_\_

How often do they exercise? \_\_\_\_ per \_\_\_\_ Health concerns in significant others? \_\_\_\_\_

What are their sports/hobbies/affinities? \_\_\_\_\_

What activities/shows/games/apps are their favorites right now? \_\_\_\_\_

Favorite Social Media Sites \_\_\_\_\_

About how many friends do they have \_\_\_\_\_ Are they happy with that? Y N Are you happy with that? Y N

Do they belong to a 'group'? Y N Describe \_\_\_\_\_

Do you approve of their friends? Y N Why/Why not? \_\_\_\_\_

When your adolescent needs to get 'in trouble', list what discipline methods do you use (good and bad. Be honest - no parent is perfect), and indicate how well they work (1= Not at All - 10=Very well).

Please indicate the following concerns, *given what is normal for your teenager*:

Now	Past	
<input type="radio"/>	<input type="radio"/>	Change in appetite More Less _____
<input type="radio"/>	<input type="radio"/>	Change in sleep More Less _____
<input type="radio"/>	<input type="radio"/>	Change in desire for sex More Less _____
<input type="radio"/>	<input type="radio"/>	Change in spending habits More Less _____
<input type="radio"/>	<input type="radio"/>	Change in weight More Less _____
<input type="radio"/>	<input type="radio"/>	Change in energy level More Less _____
<input type="radio"/>	<input type="radio"/>	Change in overall mood _____
<input type="radio"/>	<input type="radio"/>	Thoughts of hurting/killing self If so, how & when? _____
<input type="radio"/>	<input type="radio"/>	Thoughts of hurting/killing others If so, who, how & when? _____
<input type="radio"/>	<input type="radio"/>	Unusual thoughts What? _____
<input type="radio"/>	<input type="radio"/>	Unusual behaviors What? _____
<input type="radio"/>	<input type="radio"/>	Worries What? _____
<input type="radio"/>	<input type="radio"/>	Lack of pleasure from things they used to enjoy (not outgrowing it) What? _____

In the last 12 months, has your teen/teen's family experienced a:

Marriage Separation Divorce Break up Birth Death Job change Move Military Deployment  
Financial Disruption Significant Illness/Injury Natural Disaster/Accident Graduation/Promotion Loss

List of Symptoms/Concerns. Feel free to describe further:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Abortion                    | <input type="checkbox"/> Blended family issues              | <input type="checkbox"/> Completing Tasks                           |
| <input type="checkbox"/> Abuse-emotional             | <input type="checkbox"/> Boredom                            | <input type="checkbox"/> Compulsions                                |
| <input type="checkbox"/> Abuse-neglect               | <input type="checkbox"/> Bossy                              | <input type="checkbox"/> Concentration Problems                     |
| <input type="checkbox"/> Abuse-physical              | <input type="checkbox"/> Bullying-Aggressor                 | <input type="checkbox"/> Confusion                                  |
| <input type="checkbox"/> Abuse-sexual                | <input type="checkbox"/> Bullying-Victim                    | <input type="checkbox"/> Crying                                     |
| <input type="checkbox"/> Accepting consequences      | <input type="checkbox"/> Can't follow multi-step directions | <input type="checkbox"/> Decision making                            |
| <input type="checkbox"/> Aggression                  | <input type="checkbox"/> Can't sit still                    | <input type="checkbox"/> Delusions (beliefs that are not true/real) |
| <input type="checkbox"/> Anger                       | <input type="checkbox"/> College/Career concerns            | <input type="checkbox"/> Overly dependent                           |
| <input type="checkbox"/> Annoying                    | <input type="checkbox"/> Custody conflict                   | <input type="checkbox"/> Dealing with disappointment                |
| <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Choices they have made             | <input type="checkbox"/> Defiant/Oppositional                       |
| <input type="checkbox"/> Arguing                     | <input type="checkbox"/> Chores                             | <input type="checkbox"/> Depression                                 |
| <input type="checkbox"/> Attention problems          | <input type="checkbox"/> Codependence                       | <input type="checkbox"/> Destructive/Breaks things                  |
| <input type="checkbox"/> Attention-seeking behaviors |   |   |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Discipline-parental disagreement                   | <input type="checkbox"/> Inferiority feelings        | <input type="checkbox"/> Relationship-wants one   |
| <input type="checkbox"/> Discipline-ineffective                             | <input type="checkbox"/> Inhibitions                 | <input type="checkbox"/> Relationship-problems  |
| <input type="checkbox"/> Disorganized/Scattered                             | <input type="checkbox"/> Interpersonal conflicts     | <input type="checkbox"/> Relaxation ability   |
| <input type="checkbox"/> Distractible                                       | <input type="checkbox"/> Irresponsibility            | <input type="checkbox"/> Rigid/Difficulty with change                                   |
| <input type="checkbox"/> Dominates others                                   | <input type="checkbox"/> Irritability                | <input type="checkbox"/> Risk taking  |
| <input type="checkbox"/> Eating-making oneself vomit or using laxatives     | <input type="checkbox"/> Judgment problems           | <input type="checkbox"/> Rule breaking  |
| <input type="checkbox"/> Eating-over eating                                 | <input type="checkbox"/> Laziness                    | <input type="checkbox"/> Sadness  |
| <input type="checkbox"/> Eating-under eating                                | <input type="checkbox"/> Legal issues                | <input type="checkbox"/> School-behavior problems                                       |
| <input type="checkbox"/> Eating-excessively picky                           | <input type="checkbox"/> Loneliness                  | <input type="checkbox"/> School-learning problems                                       |
| <input type="checkbox"/> Employment problems                                | <input type="checkbox"/> Loss of control             | <input type="checkbox"/> School-social problems   |
| <input type="checkbox"/> Employment - lack of                               | <input type="checkbox"/> Losses                      | <input type="checkbox"/> School-teacher problems  |
| <input type="checkbox"/> Employment - overdoing                             | <input type="checkbox"/> Loud/Over the top           | <input type="checkbox"/> School-avoidance   |
| <input type="checkbox"/> Employment - termination                           | <input type="checkbox"/> Low energy                  | <input type="checkbox"/> Self-centeredness  |
| <input type="checkbox"/> Emptiness  | <input type="checkbox"/> Low frustration tolerance   | <input type="checkbox"/> Self-control   |
| <input type="checkbox"/> Entitled attitude                                  | <input type="checkbox"/> Maturity Level-Behind       | <input type="checkbox"/> Self-esteem  |
| <input type="checkbox"/> Failure  | <input type="checkbox"/> Maturity Level-Advanced     | <input type="checkbox"/> Self-neglect   |
| <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Medical concerns            | <input type="checkbox"/> Sensitivities to sound, light, temperature, clothing, pressure |
| <input type="checkbox"/> Favoritism   | <input type="checkbox"/> Meltdowns/Tantrums          | <input type="checkbox"/> Setting fires  |
| <input type="checkbox"/> Fears  | <input type="checkbox"/> Memory problems             | <input type="checkbox"/> Sexually active - birth control                                |
| <input type="checkbox"/> Feelings-Mixed                                     | <input type="checkbox"/> Messy                       | <input type="checkbox"/> Sexually active - no birth control                             |
| <input type="checkbox"/> Feelings-Intense                                   | <input type="checkbox"/> Miscarriage                 | <input type="checkbox"/> Sexual assault/pressure  |
| <input type="checkbox"/> Feelings-Overwhelming                              | <input type="checkbox"/> Mood swings                 | <input type="checkbox"/> Sexual-inappropriate behavior                                  |
| <input type="checkbox"/> Financial stress                                   | <input type="checkbox"/> Motivation                  | <input type="checkbox"/> Sexual-orientation   |
| <input type="checkbox"/> Making Friends                                     | <input type="checkbox"/> Nail biting                 | <input type="checkbox"/> Shyness/Too quiet  |
| <input type="checkbox"/> Keeping Friends                                    | <input type="checkbox"/> Needs reminding excessively | <input type="checkbox"/> Sleep-falling asleep   |
| <input type="checkbox"/> Friendship drama                                   | <input type="checkbox"/> Needs 'micro-managing'      | <input type="checkbox"/> Sleep-staying asleep   |
| <input type="checkbox"/> Gambling   | <input type="checkbox"/> Obsessions/Special interest | <input type="checkbox"/> Sleep-nightmares   |
| <input type="checkbox"/> Gender confusion                                   | <input type="checkbox"/> Outbursts                   | <input type="checkbox"/> Special needs  |
| <input type="checkbox"/> Goals not being met                                | <input type="checkbox"/> Overly dramatic             | <input type="checkbox"/> Speech problems  |
| <input type="checkbox"/> Grieving   | <input type="checkbox"/> Oversensitive to criticism  | <input type="checkbox"/> Step-parent issues   |
| <input type="checkbox"/> Guilt  | <input type="checkbox"/> Oversensitive to rejection  | <input type="checkbox"/> Stress   |
| <input type="checkbox"/> Hallucinations, seeing or hearing things not there | <input type="checkbox"/> Pain                        | <input type="checkbox"/> Stutter  |
| <input type="checkbox"/> Hearing - 'selective'                              | <input type="checkbox"/> Panic or anxiety attacks    | <input type="checkbox"/> Suspiciousness   |
| <input type="checkbox"/> Hygiene  | <input type="checkbox"/> Parenting                   | <input type="checkbox"/> Talks too much   |
| <input type="checkbox"/> Homework, doing it                                 | <input type="checkbox"/> Passive/Excessive Follower  | <input type="checkbox"/> Tics   |
| <input type="checkbox"/> Homework, remembering it                           | <input type="checkbox"/> Perfectionism               | <input type="checkbox"/> Things need to be 'just right'                                 |
| <input type="checkbox"/> Homework, not turning it in                        | <input type="checkbox"/> Pessimism                   | <input type="checkbox"/> Thoughts disorganized  |
| <input type="checkbox"/> Hostility  | <input type="checkbox"/> Phobias                     | <input type="checkbox"/> Toileting problems   |
| <input type="checkbox"/> Hurting animals                                    | <input type="checkbox"/> PMS                         | <input type="checkbox"/> Violence/Acting out  |
| <input type="checkbox"/> Impulsiveness                                      | <input type="checkbox"/> Pregnancy                   | <input type="checkbox"/> Weight and diet issues   |
| <input type="checkbox"/> Indecision   | <input type="checkbox"/> Procrastination             | <input type="checkbox"/> Withdrawal, isolating  |
|   | <input type="checkbox"/> Puberty-Early               |   |
|   | <input type="checkbox"/> Puberty-Late                |   |
|   | <input type="checkbox"/> Rejection                   |   |

Describe any other concerns and/or ways that I can help:

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Who referred you? \_\_\_\_\_ Can I let them know that you came?    Y    N

*Whew!* Thank you for the time you took to tell me about your adolescent. Now, we can work together to identify what they need, help you get unstuck, develop coping strategies and make effective changes. Let's get started!

\_\_\_\_\_  
Signature