

Suzanne Etheridge, MFT

Biographical Information Form—Adolescent

Instructions: To assist us in helping your adolescent, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to the adolescent, leave them blank.

Information supplied by: _____ Relationship: _____

Personal History

- 1) Adolescent's name: _____ 2) Age: _____ 3) Gender: ___ M ___ F
4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____
9) Address: _____ City: _____ State: _____ Zip: _____
10) Today's date: _____ 11) Date of birth: _____
12) Home phone: _____ 13) Year in school: _____
14) Has the adolescent been involved in previous counseling? ___ Yes ___ No
If Yes, please describe: _____

15) Why is the adolescent coming to counseling? _____

16) How long has this problem persisted (from #15)? _____
17) Under what conditions do the problems usually get worse? _____

18) Under what conditions are the problems usually improved? _____

Medical History

- 19) Name and address of your primary physician:
Physician's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Most recent physical exam: _____ Results: _____
20) List any major illnesses and/or operations: _____

21) List any physical concerns occurring at present: (e.g., high blood pressure, headaches, dizziness):

22) List any physical concerns (e.g., head trauma, seizures) experienced in the past: _____

23) On average how many hours does the adolescent sleep daily? _____

- 24) Does the adolescent have trouble falling asleep at night? _____ Yes _____ No
 If Yes, how long has this been a problem? _____
- 25) Describe the adolescent's appetite (during the past week)
 ___ poor appetite ___ average appetite ___ large appetite
- 26) What medications (and dosages) is the adolescent taking at present, and for what purpose? _____

Family History

- 27) Mother's age: _____ If deceased, how old was the adolescent when she passed away? _____
- 28) Father's age: _____ If deceased, how old was the adolescent when he passed away? _____
- 29) If parents separated or divorced, how old was the adolescent then? _____
- 30) Number of brother(s) _____ Their ages: _____ _____ _____ _____ _____
- 31) Number of sister(s) _____ Their ages: _____ _____ _____ _____ _____
- 32) I was child number _____ in a family of _____ children.
- 33) Is the adolescent adopted or raised with parents other than biological parents?
 ___ Yes ___ No
- 34) Briefly describe the adolescent's relationship with brothers and/or sisters:
 Biological siblings: _____

 Step and/or half siblings: _____

 Other: _____

- 35) What is the family relationship between the adolescent and his/her custodial parents?
 ___ Single parent mother ___ Single parent father ___ Parents unmarried
 ___ Parents married, together ___ Parents divorced ___ Parents separated
 ___ With mother and stepfather ___ With father and stepmother
 ___ Adolescent adopted ___ Other, describe: _____
- 36) Is there a history or recent occurrence(s) of child abuse to this adolescent? _____
 Yes ___ No ___
 If Yes, which type(s) of abuse? _____ Verbal _____ Physical ___ Sexual
 Comments: _____

- 37) Parents' occupations: Mother: _____ Father: _____
- 38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the adolescent's mother's pregnancy and/or childbirth:

40) Please fill in when the following developmental milestones took place?

Behavior	Age began	Comments
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy: _____

42) Please rate your opinion of the adolescent's development (compared to others the same age) in the following areas:

	Below average	About average	Above average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as below average, please describe current areas of concern. Be specific.

43) List the adolescent's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

44) List the adolescent's three greatest weaknesses or needed areas of improvement:

- 1) _____
- 2) _____
- 3) _____

45) List the adolescent's main difficulties in school:

- 1) _____
- 2) _____
- 3) _____

46) List the adolescent's main difficulties at home:

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe the adolescent's friendships: _____

- 48) What report card grades does the adolescent usually receive? _____
 Have these changed lately? ____ Yes ____ No If Yes, how? _____
- 49) Briefly describe the adolescent's hobbies and interests: _____

- 50) Describe how the adolescent is disciplined: _____

- 51) For what reasons is the adolescent disciplined: _____

Behaviors of Concern

52) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- | | | | | | | | | |
|--------------------------------------|-----|-------|-----|--------|-----|-----------|-----|------------|
| 1) Loses temper easily | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 2) Argues with adults | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 3) Refuses adults' requests | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 4) Deliberately annoys people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 5) Blames others for own mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 6) Easily annoyed by others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 7) Angry/resentful | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 8) Spiteful/vindictive | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 9) Defiant | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 10) Bullies/teases others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 11) Initiates fights | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 12) Uses a weapon | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 13) Physically cruel to people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 14) Physically cruel to animals | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 15) Stealing | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 16) Forced sexual activity | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 17) Intentional arson | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 18) Burglary | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 19) "Cons" other people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 20) Runs away from home | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 21) Truant at school | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 22) Doesn't pay attention to details | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 23) Several careless mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 24) Does not listen when spoken to | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 25) Doesn't finish chores/homework | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 26) Difficulty organizing tasks | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 27) Loses things | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 28) Easily distracted | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 29) Forgetful in daily activities | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 30) Fidgety/squirmy | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 31) Difficulty remaining seated | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 32) Runs/climbs around excessively | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 33) Difficulty playing quietly | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 34) Hyperactive | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 35) Difficulty awaiting turn | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |

