



# Biographical Information Form: Adolescent

*Instructions: To assist us in helping your child, 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 child, leave them blank.*

Information Supplied By: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL HISTORY

1) Child's Name: \_\_\_\_\_ 2) Age: \_\_\_\_ 3) Gender: M \_\_\_\_ F \_\_\_\_

4) Race: \_\_\_\_\_ 5) Year in School: \_\_\_\_\_

6) Has the child been involved in previous counseling? Yes \_\_\_\_ No \_\_\_\_

If yes, for how long? \_\_\_\_\_

Please describe reason for counseling:

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7) Has your child been hospitalized in the past for a psychiatric condition? Yes \_\_\_\_ No \_\_\_\_

If Yes, provide location and dates of hospitalization:

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8) Why is the child coming to counseling?

<input type="checkbox"/> Anger management	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Coping	<input type="checkbox"/> Depression
<input type="checkbox"/> Social withdrawal	<input type="checkbox"/> Fear/phobias	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Bipolar
<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> Life transitions	<input type="checkbox"/> Hyperactivity	

Other mental health concerns (specify) \_\_\_\_\_

9) How long has this problem persisted (from #8)? \_\_\_\_\_

10) Under what conditions do the problems usually get worse? \_\_\_\_\_  
\_\_\_\_\_

11) Under what conditions are the problems usually improved? \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

12) Pediatrician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Most recent physical exam: \_\_\_\_\_ Results: \_\_\_\_\_

13) List any major illnesses and/or operations: \_\_\_\_\_  
\_\_\_\_\_

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

15) List any physical concerns (e.g., head trauma, seizures) experienced in the past:  
\_\_\_\_\_  
\_\_\_\_\_

16) On average how many hours does the child sleep daily? \_\_\_\_\_

17) Does the child have trouble falling asleep at night? Yes \_\_\_ No \_\_\_

If Yes, how long has this been a problem? \_\_\_\_\_

18) Describe the child's appetite (during the past week):

poor appetite \_\_\_ average appetite \_\_\_ large appetite \_\_\_

19) What medications (and dosages) are you taking at present, and for what purpose?  
\_\_\_\_\_  
\_\_\_\_\_

20) List any past medication trials (and dosage): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY HISTORY

21) Mother's Age: \_\_\_\_\_ Mother's Education: \_\_\_\_\_

22) Father's Age: \_\_\_\_\_ Father's Education: \_\_\_\_\_

23) Parents' Occupations: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

24) Are parents separated or divorced? Yes \_\_\_ No \_\_\_

If yes, who has legal custody? \_\_\_\_\_

25) Is there any significant information about the parents' relationship or treatment toward the child which might be beneficial in counseling? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26) Number of brother(s) \_\_\_\_\_ Their ages: \_\_\_\_\_

27) Number of sister(s) \_\_\_\_\_ Their ages: \_\_\_\_\_

28) Is the child adopted or raised with parents other than biological parents? Yes \_\_\_ No \_\_\_

29) Briefly describe the child's relationship with brothers and/or sisters:

Biological siblings: \_\_\_\_\_

\_\_\_\_\_

Step and/or half siblings: \_\_\_\_\_

\_\_\_\_\_

30) Who lives in the household with the child? \_\_\_\_\_

\_\_\_\_\_

31) Is there a history or recent occurrence(s) of child abuse to this child? Yes \_\_\_ No \_\_\_

If yes, which type(s) of abuse? Verbal \_\_\_ Physical \_\_\_ Sexual \_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32) Is there any family history of mental illness? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

33) Is there any family history of alcohol or drug abuse? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

34) Briefly describe the style of parenting used in the household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DEVELOPMENTAL AND EDUCATIONAL HISTORY

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

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36) Mother's age at child's birth: \_\_\_\_\_ Father's age at child's birth: \_\_\_\_\_

Pregnancy planned? Yes \_\_\_ No \_\_\_

37) Baby's birth weight? \_\_\_\_\_

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

<i>Behavior</i>	<i>Age began</i>	<i>Comments</i>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

39) List any drugs used by mother or father at time of conception, or by mother during pregnancy: \_\_\_\_\_

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40) Please rate your opinion of the child'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.

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41) List the child's main difficulties in school:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

42) List the child's main difficulties at home:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

43) Current School: \_\_\_\_\_

Type of school: Public \_\_\_ Private \_\_\_ Home schooled \_\_\_ Other \_\_\_

44) School Counselor: \_\_\_\_\_

45) In special education? Yes \_\_\_ No \_\_\_ In gifted program? Yes \_\_\_ No \_\_\_

46) Has child ever been held back in school? Yes \_\_\_ No \_\_\_ If yes, grade: \_\_\_

47) What report card grades does the child usually receive? \_\_\_\_\_

Have these changed lately? Yes \_\_\_ No \_\_\_ If yes, how: \_\_\_\_\_

When did you begin to notice a change? \_\_\_\_\_

48) Has your child ever had psychological testing?

49) Peer Relationships: Follower \_\_\_ Leader \_\_\_ Difficulty making friends \_\_\_  
Makes friends easily \_\_\_ Other (describe) \_\_\_\_\_

50) Is the child employed? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Previous Jobs? \_\_\_\_\_

51) Briefly describe hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

52) Does the child use or have a problem with drugs or alcohol? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

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## BEHAVIORS OF CONCERN

53) 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 ___ | Often ___ |
| 2) Argues with adults           | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 3) Refuses adults' requests     | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 4) Blames others for mistakes   | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 5) Easily annoyed by others     | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 6) Angry/resentful              | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 7) Spiteful/vindictive          | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 8) Defiant                      | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 9) Bullies/teases others        | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 10) Initiates fights            | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 11) Uses a weapon               | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 12) Physically cruel to people  | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 13) Physically cruel to animals | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 14) Destructive to property     | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 15) Stealing                    | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 16) Forced sexual activity      | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 17) Intentional arson           | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 18) Burglary                    | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 19) "Cons" other people         | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 20) Runs away from home         | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 21) Truant at school            | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 22) Inattentive to details      | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 23) Doesn't finish chores       | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 24) Doesn't finish homework     | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 25) Difficulty organizing tasks | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 26) Loses things                | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 27) Easily distracted           | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 28) Forgetful                   | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 29) Fidgety/squirmy             | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 30) Hyperactive                 | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 31) Interrupts others           | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 32) Poor grades in school       | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 33) Suspended from school       | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 34) Depression                  | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 35) Shy/avoidant/withdrawn      | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 36) Suicide threats/attempts    | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 37) Fatigued                    | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 38) Anxious/Nervous             | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 39) Excessive worrying          | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 40) Sleep disturbance           | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 41) Panic attacks               | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |
| 42) Mood shifts                 | Never ___ | Rarely ___ | Sometimes ___ | Often ___ |

54) Has your child had legal problems (Currently or in the past?) Yes \_\_\_ No \_\_\_  
If yes, describe: \_\_\_\_\_

55) For each of the behaviors noted earlier as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page as needed.

Behaviors of Concern	Impact on Child or Others
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

56) Briefly describe the child's way of expressing the following emotions or behaviors:

Anger: \_\_\_\_\_

Happiness: \_\_\_\_\_

Sadness: \_\_\_\_\_

Anxiety: \_\_\_\_\_

57) List the child's behaviors that you would like to see change:

\_\_\_\_\_

\_\_\_\_\_

58) Additional information you believe would be helpful:

\_\_\_\_\_

\_\_\_\_\_

59) What are your goals for your child's therapy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

60) What family involvement would you like to see in the therapy?

\_\_\_\_\_