

**ADOLESCENT PERSONAL HISTORY FORM** (to be completed by adolescent) (Rev. 6/16/14)

Please help your counselor understand you and your perspectives better by filling out this questionnaire completely and accurately. We desire to keep this information confidential to the extent allowed by law, but your parent(s) have a legal right to information up to a certain age. Therefore, please fill out the following with that in mind. During the course of therapy, we will seek to work out a level of privacy that satisfies both you and your parent(s).

Your name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please print or write clearly.*

**COUNSELING:**

Who referred you to this agency? \_\_\_\_\_

Briefly describe the struggle(s) or concern(s) you would like to resolve through therapy. \_\_\_\_\_

On a scale of 1 to 10, rate the degree to which this struggle interferes with your everyday life at school and at home.

	Doesn't bother me at all					Can't Function				
<b>School</b>	1	2	3	4	5	6	7	8	9	10
<b>Home</b>	1	2	3	4	5	6	7	8	9	10

How does the struggle affect your thoughts, feelings, and behavior? \_\_\_\_\_

How often do you have this struggle, and how long has it existed? \_\_\_\_\_

How have you tried to handle the struggle? Has anything worked? \_\_\_\_\_

Have you ever thought about or attempted suicide, cutting, running away, or other high risk behaviors? YES NO If yes, please explain: \_\_\_\_\_

What would you like to get out of counseling? \_\_\_\_\_

How badly do you want counseling for your struggle(s)? 1 2 3 4 5 6 7 8 9 10  
It's being forced on me It's one of my highest priorities

**YOUR BACKGROUND**

What significant events (good or bad) do you vividly recall prior to about age 6? \_\_\_\_\_

What significant events occurred since about age 6? \_\_\_\_\_

From the ages of 6 to 12, were you generally: Outgoing?\_\_\_\_\_ Withdrawn?\_\_\_\_\_ Happy?\_\_\_\_\_ Sad?\_\_\_\_\_ Scared?\_\_\_\_\_ (Continue on back, please.)

Describe any significant changes in your attitude about yourself or others you have had in recent years. In about what grade were you when the shift(s) occurred? \_\_\_\_\_

How many close friends do you have? \_\_\_\_\_

How important is dating to you? \_\_\_\_\_

What part does God play in your life? \_\_\_\_\_

**YOUR FAMILY**

What is your **Mom**'s name? \_\_\_\_\_

Describe your Mom: \_\_\_\_\_

Is she (circle 1): Natural/birth mom — or — Step-mom — or — Adoptive mom — or — Other: \_\_\_\_\_?

What does she do (at work, home, with your family)? \_\_\_\_\_

What is (or was) your relationship with her like? \_\_\_\_\_

What do you *want* your relationship with her to be like? \_\_\_\_\_

Has she had major problems in her life? What kind? \_\_\_\_\_

What do you admire most about her? \_\_\_\_\_

Besides her, please share similar details about other important women in your life (like birth mom, step-mom, mentor, etc.). \_\_\_\_\_

What is your **Dad**'s name? \_\_\_\_\_

Describe your Dad: \_\_\_\_\_

Is he (circle 1): Natural/birth dad — or — Step-dad — or — Adoptive dad — or — Other: \_\_\_\_\_?

What does he do (at work, home, with your family)? \_\_\_\_\_

What is (or was) your relationship with him like? \_\_\_\_\_

What do you *want* your relationship with him to be like? \_\_\_\_\_

Has he had major problems in his life? What kind? \_\_\_\_\_

What do you admire most about him? \_\_\_\_\_

Besides him, please share similar details about other important men in your life (like birth dad, step-dad, mentor, etc.). \_\_\_\_\_

How many times have you moved? \_\_\_\_\_ (Continue on next page, please.)

If your parents have divorced, about how old were you at the time? \_\_\_\_\_ (or: *Not applicable*)

If a parent or sibling has died, about how old were you at the time? \_\_\_\_\_ (or: *Not applicable*)

***SUBSTANCE USE/ABUSE***

Has anyone else in your family used or abused drugs or alcohol? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

If you have used any of the following drugs, please fill in the requested information in this chart:

	Caffeine	Tobacco	Alcohol	Marijuana	Metham- phetamine	Cocaine	Abuse of Pills	Other (Specify)
Typical Amount/ Frequency								
How Taken ( <i>oral, nasal, smoke, IV, other [specify]</i> )								
Age/Date of First Use								
Age/Date of Last Use								

***PERSONAL STRENGTHS AND WEAKNESSES***

Please describe your personal strengths, talents, skills, abilities, or accomplishments: \_\_\_\_\_

Please describe your personal weaknesses and needs: \_\_\_\_\_

Describe any preferences for therapy (language, learning style, approach): \_\_\_\_\_

***COMMUNITY ACCESS / SOCIAL SUPPORTS***

Please list any family members, friends, or others whom you can ask for help or talk to when you need support: \_\_\_\_\_

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With my ***signature*** and ***date***, I agree that the information in this history form is true to the best of my knowledge: \_\_\_\_\_ Thanks for your time and effort!