Personal Information Sheet for Minor

Please leave any fields that you are uncomfortable completing or that do not pertain to you blank. Thank you for competing this form! Donna

**Name Birthdate**

**Chief Complaint/Reason for Seeking Psychotherapy:**

**Medical Information**

Primary Care Physician’s Name

Psychiatrist’s Name

Psychologist’s Name

Other doctors: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Medical Issues:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acute Medical Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (Bring a list as needed or list most pertinent.)

Speech Therapy Past Present

Occupational Therapy Past Present

Physical Therapy Past Present

DFCS Involvement Past Present

Mental Health Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling History: Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Sessions\_\_\_\_\_

Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Sessions\_\_\_\_\_

**Functional Status:**

Family, Relationship, and Ages Living in Home:

Name Age Relationship In the Home (Yes or No)

Significant Others: (3 spaces)

School (indicate grade level, completion, or incompletion)

Work:

Strengths:

Interests:

Leisure Activities:

Spiritual/Religious:

Relocations:

History of Trauma (Describe.):

Drug and Alcohol Use (type, amount, frequency)

Legal Issues: Past Current

**Stressors this past year:**

Parents’ Marital Status or Relationship Changes:

Birth of Sibling

Relocation

Family Structure Changes (Ex. Sibling went to college.):

Arrests

Hospitalizations

Diagnosis of medical condition

Intensive treatment for a medical condition

**Future Plans**

Name of person completing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of adult client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_