

**Source For Change Counseling**  
**5809 Feldspar Way Hoover, Al 35244**  
**Ph. 205.585.8761**  
**Fax 205.982.8465**  
[source4change@icloud.com](mailto:source4change@icloud.com)

**ADOLESCENT BACKGROUND FORM**

(to be completed by adolescent)

*Please fill out this biographical form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy Form and the HIPPA Notice of Privacy Practices. If you choose not to answer a particular question, please write, "Do not care to answer."*

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In your own words, what problems or difficulties bring you here at this time? \_\_\_\_\_

\_\_\_\_\_

Have you tried any previous help for this? \_\_\_\_\_ What kind? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ Was this helpful? \_\_\_\_\_

How was it helpful or not helpful? \_\_\_\_\_

What have you tried on your own? \_\_\_\_\_

When did these problems first begin? \_\_\_\_\_

What important things have happened to you or your family in the past six months? \_\_\_\_\_

\_\_\_\_\_

What sudden changes have you noticed recently in your behavior and mood or in your family members? \_\_\_\_\_

\_\_\_\_\_

**BIO-MEDICAL HISTORY**

What aches, pains, or physical discomforts do you currently have? \_\_\_\_\_

\_\_\_\_\_

What have you been hospitalized for in the past? \_\_\_\_\_

\_\_\_\_\_

What serious illnesses have you had during your life? \_\_\_\_\_

What accidents have you had? \_\_\_\_\_

How long have you been drinking alcohol? \_\_\_\_\_ How frequently do you drink alcohol? \_\_\_\_\_

How much alcohol do you normally drink? \_\_\_\_\_ What drugs have you tried/used? \_\_\_\_\_  
Reason for use? \_\_\_\_\_ How long? \_\_\_\_\_

What is the name of the doctor you usually see? \_\_\_\_\_ Last medical exam? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

What medications have been prescribed that you are not taking? \_\_\_\_\_

What is the name, address, phone number of the person to notify in case of an emergency? \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

### **SCHOOL HISTORY**

Which schools have you attended since entering school? \_\_\_\_\_

What grade are you in now? \_\_\_\_\_ At what school? \_\_\_\_\_

What grades did you repeat? \_\_\_\_\_ What are your favorite subjects? \_\_\_\_\_

Is your schoolwork: Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

What problems or concerns do you have regarding school? \_\_\_\_\_

Have you been bullied? \_\_\_\_\_ Currently? \_\_\_\_\_ For how long? \_\_\_\_\_ Have you or do you bully others?

How do you get along with your teachers? \_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Reason for suspension or expulsion? \_\_\_\_\_

### **SOCIAL HISTORY**

How old were you when you began dating? \_\_\_\_\_ How often do you date now? \_\_\_\_\_

What do you like to do on a date? \_\_\_\_\_

Do you have any particular concerns regarding dating? \_\_\_\_\_

How many friends do you have? \_\_\_\_\_ Do you think your friends are dependable and trustworthy? \_\_\_\_\_

What people have you felt close to in your life? \_\_\_\_\_

How did you learn about sex, when, and from whom? \_\_\_\_\_

\_\_\_\_\_

Any current concerns regarding your intimate or sexual relationships? \_\_\_\_\_

\_\_\_\_\_

What hobbies or sports do you participate in? \_\_\_\_\_

Estimate how many hours per day you spend online (social networking, gaming, browsing, etc.): \_\_\_\_\_

Do you feel your technology use is balanced and healthy or could it use improvement? Please explain:

\_\_\_\_\_

Any problems with cyberbullying? \_\_\_\_\_

### **HOME HISTORY**

What problems do you have at home? \_\_\_\_\_

\_\_\_\_\_

When are these problems worst? \_\_\_\_\_

When are these problems better? \_\_\_\_\_

Please fill in the names, ages, etc. of your family members:

<b>Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Employer</b>	<b>Work Schedule</b>
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Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

Others living in your home: \_\_\_\_\_

Which family member do you get along with best and why? \_\_\_\_\_

Which family member is most difficult to get along with and why? \_\_\_\_\_

\_\_\_\_\_

Who disciplines the children and how? \_\_\_\_\_

Are your parents married? \_\_\_\_\_ Divorced? \_\_\_\_\_ Stepparents and/or step siblings? \_\_\_\_\_

How do you feel about your parents/step parents? \_\_\_\_\_

How do you think your parents feel about you? \_\_\_\_\_

If you could change something about your family, what would it be? \_\_\_\_\_

\_\_\_\_\_

What medical/physical problems have there been in your family or with close relatives? \_\_\_\_\_

\_\_\_\_\_

What emotional problems have there been in your family or with close relatives? \_\_\_\_\_

\_\_\_\_\_

What kind of trouble have your and/or your family had with law enforcement? \_\_\_\_\_

\_\_\_\_\_

What religion does your family belong to? \_\_\_\_\_ Do you currently attend religious services or ceremonies? \_\_\_\_\_ How important is your religion to you? \_\_\_\_\_

### **TREATMENT**

Please circle any of the following you think would be most helpful:

- |   |                          |
|---|--------------------------|
| a. Directions to change specific behaviors  | e. Psychological testing |
| b. Talking about your problems individually | f. Receiving medication  |
| c. Counseling with your parent(s)           | g. Group therapy         |
| d. Other (explain below)                    |                          |

\_\_\_\_\_

\_\_\_\_\_

How do you feel about working with a therapist? \_\_\_\_\_

Do you have any specific concerns or questions for me that I did not ask above? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_