



### Minor Client Information

Today's date: \_\_\_\_\_

**Identification:**

Client name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

**Parent/Guardian Information :**

Mother's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Step-father's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Step-mother's name: \_\_\_\_\_

**Referral:** How did you hear about me? \_\_\_\_\_

**Medical care:**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current employer or school**

Name of employer/school: \_\_\_\_\_ Location/District: \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

School Counselor: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**Family**

Parents/Guardians living in home: \_\_\_\_\_

Siblings living in home (name and ages): \_\_\_\_\_

Parent/Guardian outside of home: \_\_\_\_\_

Siblings outside of home: \_\_\_\_\_

For children, please describe any custody and visitation arrangements: \_\_\_\_\_

**Emergency information**

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Clinical Information**

**Chief concern**

Please describe the main difficulty that has brought you to see me: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment**

Has the client ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No  Yes If yes, please indicate:

Date of treatment?	From whom?	For what?	Results?
_____	_____	_____	_____
_____	_____	_____	_____

Has the client ever taken medications for psychiatric or emotional problems?  No  Yes If yes, please indicate:

Dates of medication?	Which medications?	For what?	Results?
_____	_____	_____	_____
_____	_____	_____	_____

Has the client ever received psychological testing, such as for ADHD?

When?	From whom?	For what?	Results?
_____	_____	_____	_____
_____	_____	_____	_____

Has the client received assessment or treatment for Occupational Therapy, Speech Therapy, or Music Therapy?

When?	From whom?	For what?	Results?
_____	_____	_____	_____
_____	_____	_____	_____

**Legal history**

Are you presently suing anyone or thinking of suing anyone?  No  Yes. If yes, please explain:

\_\_\_\_\_

Is your reason for coming to see me related to an accident or injury?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you required by a court, the police, or a probation/parole officer to have this appointment?  No  Yes. If yes, please explain: \_\_\_\_\_

Are there any other legal involvements I should know about? \_\_\_\_\_

**Is there any other information you think I should know?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_