



Child/Adolescent Personal History

Name _____

Why are you seeking treatment? _____

EDUCATIONAL HISTORY

School you currently attend: _____ Current Grade: _____ GPA: _____

Do you receive special education services: Y N if yes, please explain _____

What problems are you having in school? Failing grades Behavior Fighting Suspensions

 No friends Attendance/Truancy Don't like school Bullied/teased Anxiety

Have you ever been diagnosed with ADD/ADHD

Name/Number of school contact person that you would like to give me permission to talk with.

Name: _____ Number: _____

FAMILY HISTORY

List names/ages of family members that live in your home:



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Which immediate family members do NOT live in your home?

Please rate the quality of relationship with the following people:

| | Poor | | | Perfect | |
|-----------|------|---|---|---------|---|
| Parents: | 1 | 2 | 3 | 4 | 5 |
| Brothers: | 1 | 2 | 3 | 4 | 5 |
| Sisters: | 1 | 2 | 3 | 4 | 5 |
| Others: | 1 | 2 | 3 | 4 | 5 |

PERSONAL HISTORY

Describe what you do in a typical day: _____

Do you have a Facebook account? Y N

Current Employer: _____

Do you currently have thoughts of hurting yourself or others? Y N if yes, please explain _____

What sports or extracurricular activities are involved with? _____

Have you ever had counseling before? Y N

Have you ever experimented with drugs or alcohol? Y N