

TRI-LAKES RELATIONAL CENTER
"Compassionate Christian Care and Counseling"
A ministry of Tri-Lakes Church

CONFIDENTIAL

ADOLESCENT INFORMATION SHEET (To be completed by parent)

Name of Adolescent _____ Birthdate _____ Age _____ Gender: M / F
Address _____ City _____ State _____ Zip _____
School _____ School Address _____ School Phone # _____
Adopted Child ___ Yes ___ No At what age? _____ Medical /Social History of birth parents: ___ Known ___ Unknown
Who has legal custody? _____

PARENT INFORMATION

<i>(Circle One)</i> Biological/Adoptive Mother _____ Date of Birth _____ SS# _____
Address _____ Home Phone _____
Employer _____ Work Phone _____

<i>(Circle One)</i> Biological/Adoptive Father _____ Date of Birth _____ SS# _____
Address _____ Home Phone _____
Employer _____ Work Phone _____

Step-Mother _____ Date of Birth _____ SS# _____
Address _____ Home Phone _____
Employer _____ Work Phone _____

Step-Father _____ Date of Birth _____ SS# _____
Address _____ Home Phone _____
Employer _____ Work Phone _____

Religious or denominational preference _____
Referred by: <i>(circle one)</i> pastor, attorney, physician, relative, school official, former/other client, friend, Yellow Pages, other _____
Name of Referring Person/Party _____
Phone # of Referring Party _____ Comments _____

Do you want to sign a release of information form to waive confidentiality in order for us to contact or consult with the referring party? _____

PROBLEM INFORMATION

Briefly describe your primary concern about your adolescent _____

Mother's health during pregnancy: ____ unknown; ____ good; ____ some difficulty; ____ many difficulties

Anemia	Bleeding	Nausea and vomiting
Diseases	Urine problems	Toxemia
Poor diet	Blood pressure	Headaches
Accidents	Weight problems	Other *

*Please explain: _____
 Medication/drugs taken (specify) _____
 Length of labor _____ hours Forceps used? ____ Yes ____ No Birth weight _____
 Problems/complications during or after delivery: _____

Record CAREFULLY the age at which the child accomplished each of the following:

Sat alone	Walked alone	Toilet trained
Crawled	Said words	Rode bicycle (2-wheeler)
Stood alone	Used sentences	

Does your daughter/son have a history of or current problem in any of the following areas?

Eating Problems	Bed Wetting	Masturbation
Sleep Difficulties	Wetting Pants	Runaway
Speech Difficulties	Soiling Pants	Truancy
High Temperatures	Constipation	Distractible
Head Injuries	Headaches	Temper Tantrums
Other Serious Injury*	Hospitalizations	Social Withdrawal

* Please explain: _____

Please list any medical problems, serious illnesses and/or hospitalizations your daughter/son has had and the approximate dates: _____

Date of most recent physical examination _____

List any medications your daughter/son currently is taking:

MEDICATION	REASON PRESCRIBED	DOSE & FREQUENCY	DATE STARTED	PRESCRIBING PHYSICIAN

Please identify any family history of:

Alcoholism	Retardation	Learning problems
Drug abuse	Emotional problems	Over-activity
Suicide	Marital problems	Bipolar Disorder (Manic Depression)
Suicide attempts	Depression	Physical or Sexual Abuse

*Other: _____

Have your daughter/son's report cards or school conferences indicated any special difficulties?

_____ Class work _____ Behavior _____ Attitude

Please describe: _____

What grades has your daughter/son repeated? _____

Check any of the following that definitely describe your daughter/son:

Selfish	Impulsive/acts without thinking	Sexual difficulties	Emotional
Resentful	Quick tempered	Resents authority	Obedient
Seclusive	Problems concentrating	Unmotivated	Silliness
Quarrelsome	Violent	Spoiled	Sensitive
Doesn't care	Inconsiderate	Untidy	Considerate
Easily Led	Ill tempered	Adaptable	Inadequate
Untruthful	Impertinent, Sassy	Unruly	Moody
Won't obey	Affectionate	Cruel	Vain
Awkward	Industrious	Clean	Stubborn

What are your *specific* counseling goals for your daughter/son? _____

As legal guardian/custodial parent of the daughter/son listed above, do you give permission for her/him to engage in counseling/assessment at Tri-Lakes Relational Center? _____

For adolescents of divorced parents, please provide a copy of your custody agreement.

Is the information you have provided on this form true and accurate? _____

Signature

Date

***PARENT: PLEASE HAVE YOUR DAUGHTER/SON COMPLETE THIS SECTION.**

ADOLESCENT

Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Name of School: _____ Grade level: _____

Briefly describe your main concern _____

Current stressors (describe how the following areas are stressful):

Parents _____

Brothers/Sisters _____

School _____

Work _____

Friends/Social _____

Spiritual _____

Sexual _____

Other _____

Rate how strongly you want to change your present problem on the scale below:

(do not want to change) 1 2 3 4 5 6 7 8 9 10 (desperately desire change)

Identify any *specific* concerns or anxieties you have about counseling _____

What are your *specific* goals for counseling? _____

Previous counseling? _____ When? _____ By whom? _____

How helpful was previous counseling? _____

Current symptoms (*Please circle any that apply to you*):

Headaches, dizziness, fainting spells, nervousness, stomach trouble, no appetite, bowel disturbances,
recent weight gain, recent weight loss, fatigue, sleep disturbances, racing thoughts, nightmares, alcoholism,
drugs, take sedatives, don't like weekends and vacations, feel lonely, feel depressed, unable to have a good time,
suicidal thoughts/feelings, shy with people, can't make friends, unable to relax, over-ambitious,
can't make decisions, persistent fears, financial concerns, sexual concerns, recurrent troubling thoughts, bad home
conditions, inferiority feelings, (other) _____

FAMILY BACKGROUND

Father's name _____ If deceased, date and cause _____

Age _____ Occupation _____ Education level _____ Health _____

Describe his personality, attitude and relationship to you, past and present _____

Mother's name _____ If deceased, date and cause _____

Age _____ Occupation _____ Education level _____ Health _____

Describe her personality, attitude and relationship to you, past and present _____

Parents' marital status _____ Briefly describe your parents' marriage _____

How do they handle conflict in their relationship? _____

If divorced, when did it occur and what was your reaction to it? _____

If one or both parents remarried, give date(s) and your reaction _____

Step-mother's name _____ Age _____ Occupation _____

Education level _____ Health _____ Describe her personality, attitude and relationship to you,

past and present _____

Step-father's name _____ Age _____ Occupation _____

Education level _____ Health _____ Describe his personality, attitude and relationship to you,

past and present _____

If you were not raised by your parents, who raised you? _____

Between what years? _____ Who took care of you as an infant? _____

How were you disciplined as a child and by whom? _____

Please list all of your brothers/sisters, in the order of their birth:

Name	Age	Birthday	Gender	School	Grade in School	Lives at Home?

Give your impression of your home atmosphere, including how compatible you and everyone else are _____

As you were growing up, how has love been expressed in your home? _____

How has anger been expressed? _____

What are your parents' attitudes about sex and has there been any discussion of or instruction about sexuality in the home? _____

Have you or your siblings ever been physically and/or sexually abused, assaulted or neglected? _____

If so, in what ways? _____

PHYSICAL HEALTH

Present health status (circle one): Excellent Good Fair Poor

What serious illnesses have you had and when? _____

Hospitalizations (*reason/diagnosis/dates*) _____

Medications currently taken and their purpose (*include non-prescription medications, e.g. sleeping pills, diet pills, etc.*) _____

Please list amount and frequency of alcohol use _____

Please list any drugs you have used including the amount and frequency _____

If you do so, at what age did you start drinking alcohol? _____ If you do so, at what age did you start using drugs? _____

When and where was your last vacation? _____

What do you enjoy doing for fun? _____

RELIGIOUS ORIENTATION

Describe the religious training you received while growing up and how God is viewed by your family _____

How would you describe your current spiritual life? _____

What is your current activity/involvement in church/faith community? _____

Check any of the following character traits which definitely describes you:

<input type="checkbox"/>	Selfish	<input type="checkbox"/>	Impulsive/acts without thinking	<input type="checkbox"/>	Sexual difficulties	<input type="checkbox"/>	Emotional
<input type="checkbox"/>	Resentful	<input type="checkbox"/>	Quick tempered	<input type="checkbox"/>	Resents authority	<input type="checkbox"/>	Obedient
<input type="checkbox"/>	Seclusive	<input type="checkbox"/>	Problems concentrating	<input type="checkbox"/>	Unmotivated	<input type="checkbox"/>	Silliness
<input type="checkbox"/>	Quarrelsome	<input type="checkbox"/>	Violent	<input type="checkbox"/>	Spoiled	<input type="checkbox"/>	Sensitive
<input type="checkbox"/>	Don't care	<input type="checkbox"/>	Inconsiderate	<input type="checkbox"/>	Untidy	<input type="checkbox"/>	Considerate
<input type="checkbox"/>	Easily Led	<input type="checkbox"/>	Ill tempered	<input type="checkbox"/>	Adaptable	<input type="checkbox"/>	Inadequate
<input type="checkbox"/>	Untruthful	<input type="checkbox"/>	Impertinent, Sassy	<input type="checkbox"/>	Unruly	<input type="checkbox"/>	Moody
<input type="checkbox"/>	Won't obey	<input type="checkbox"/>	Affectionate	<input type="checkbox"/>	Cruel	<input type="checkbox"/>	Vain
<input type="checkbox"/>	Awkward	<input type="checkbox"/>	Industrious	<input type="checkbox"/>	Clean	<input type="checkbox"/>	Stubborn

Do you consent to participate in counseling/assessment at Tri-Lakes Relational Center? _____

Is the information you have provided on this form true and accurate? _____

Signature

Date