

PSYCHOSOCIAL HISTORY

FAMILY HISTORY

Mother's Name _____ Mother's Age _____

Father's Name _____ Father's Age _____

If parents are separated or divorced, how old was the adolescent when this occurred? _____

Please list all family members currently living at home or closely connected with the family. Indicate their ages, relationship to this minor and their school grade or occupation. Include parents who are currently living with the adolescent.

Name	Age	Relationship	Grade or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How does this adolescent get along with his/her brothers and/or sisters?

Describe any special activities that you do with this adolescent. _____

List the adolescent's main difficulties at home.

1) _____

2) _____

3) _____

Describe how this adolescent is disciplined. _____

For what reasons is the adolescent disciplined? _____

SOCIAL DEVELOPMENT AND PEER RELATIONSHIPS

What special interest, hobbies, sports, and games does the adolescent enjoy both in and after school? _____

When this adolescent chooses friends, are they:

Older	Younger	Own Age	All Ages
Boys	Girls	Both Boys and Girls	

In activities, is the adolescent a leader, a follower, or a loner? _____

Does the adolescent prefer the company of adults to other teens? ___ Yes ___ No

Does the adolescent have at least one best friend? ___ Yes ___ No

What is the friend's age? _____

Does this adolescent currently date? ___ Yes ___ No

Does this adolescent currently have a boyfriend or girlfriend? ___ Yes ___ No

EMOTIONAL DEVELOPMENT

Has your adolescent ever been characterized by family members, teachers, or others as being:

Restless/Inattentive	___ Yes ___ No	Forgetful	___ Yes ___ No
Humorous/Fun	___ Yes ___ No	Quick to Anger	___ Yes ___ No
Cheerful	___ Yes ___ No	Depressed/Sad	___ Yes ___ No
Daydreamer	___ Yes ___ No	Disruptive	___ Yes ___ No
Immature	___ Yes ___ No	Happy	___ Yes ___ No
Aggressive	___ Yes ___ No	Nervous/Tense	___ Yes ___ No

Does this adolescent have a great many fears or worries? If so, what are they?

SCHOOL HISTORY

Briefly describe how the adolescent is doing in school. Note areas of strength and weakness in school. _____

What grades does the adolescent usually receive? _____

Have these changed lately? _____ Yes _____ No If yes, how? _____

Explain the circumstances if this adolescent has:

- 1) Had extended or frequent absences _____
- 2) Had to repeat the year _____
- 3) Changed schools in mid-year _____
- 4) Began school year at a new school _____

Has he/she had any remedial help or special education services in school or privately? _____ Yes _____ No

If yes, please describe and give approximate dates. _____

Please describe this adolescent's attitude toward school. Note any special interests or dislikes he/she has in school. _____

How does this adolescent get along with the teacher and other students in school?

List the adolescent's main difficulties at school. _____

MEDICAL HISTORY

Please describe this adolescent's general health. _____

Has he/she had any serious illnesses, accidents, or injuries? _____

Please give reasons and approximate dates for any hospitalizations.

Are there any conditions that require regular medical care?

Does he/she take any medications on a regular basis? If so, please note type of medication, frequency of use, and the physician who prescribed the medication.

Does he/she have any difficulties with vision or hearing? Note date and results of any previous vision or hearing examinations.

Does the he/she have any allergies? If yes, please identify. _____

Name of pediatrician/family physician. _____

Date of last physical examination _____

Please give any additional information that you believe would be helpful.

**Thank you for Choosing
Southcliff Baptist Counseling Center**