Datchi Psychology and Consulting, LLC
35 Deforest Av.
Summit, NJ 07901
NPI#1255708822

Chart #_____

Personal History—Adolescents (12-18)

Adolescent's name: _____ Today's Date: ____/____/____

Adolescent Gender: ☐ F ☐ M ☐ T ☐ Q ☐ I

Date of birth: ____/____/_____ Age: _____

Address: _____

City: _____ Zip: _____

Phone (home): _____ (cell): _____

☐ Okay to leave message ☐ Okay to leave text and voice message

Please indicate the primary reason(s) for seeking services:

_____

_____

_____

FAMILY INFORMATION

CLIENT'S MOTHER

☐ Biological parent ☐ Stepparent ☐ Adoptive parent ☐ Other (specify):_____

Name: _____ Age: _____

Occupation: _____ Full Time ☐ Part Time ☐

Marital Status (more than one answer may apply): ☐ Single ☐ Married ☐ Separated
☐ Unmarried, living together ☐ Divorced ☐ Divorce in process ☐ Widowed

If parents are divorced or separated, who has legal custody?

_____

Is the teen currently living with mother? ☐ Yes ☐ No

Is there any significant information about the mother's relationship with the teen which might be beneficial in counseling? If yes, please describe:

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_____

_____

CLIENT'S FATHER

☐ Biological parent ☐ Stepparent ☐ Adoptive parent ☐ Other (specify):_____

Name: _____ Age: _____

Occupation: _____ Full Time ☐ Part Time ☐

Marital Status (more than one answer may apply): ☐ Single ☐ Married ☐ Separated ☐ Unmarried, living together ☐ Divorced ☐ Divorce in process ☐ Widowed

Is the teen currently living with father? ☐ Yes ☐ No

Is there any significant information about the father's relationship with the teen which might be beneficial in counseling? If yes, please describe:

_____

_____

CLIENT'S SIBLINGS OR OTHERS WHO LIVE IN THE HOUSEHOLD

Name	Age	Gender	Quality of relationship
_____	___	☐ F ☐ M	☐ poor ☐ average ☐ good
_____	___	☐ F ☐ M	☐ poor ☐ average ☐ good
_____	___	☐ F ☐ M	☐ poor ☐ average ☐ good
_____	___	☐ F ☐ M	☐ poor ☐ average ☐ good

EDUCATION

Type of school: ☐ Public ☐ Private ☐ Home schooled Grade: _____

Name of current school: _____

In special education? ☐ Yes ☐ No In gifted program? ☐ Yes ☐ No

Has teen ever been held back in school? ☐ Yes ☐ No

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Have there been any recent changes in the teen's grades? ☐ Yes ☐ No

If yes, describe: _____

Has the teen been tested psychologically? ☐ Yes ☐ No

If yes, describe: _____

In general how does the teen feel about school?

☐ Anxious ☐ Passive ☐ Enthusiastic ☐ Eager ☐ Bored ☐ Rebellious

☐ Other (please describe): _____

In general, what is the teen's approach to schoolwork?

☐ Organized ☐ Industrious ☐ Responsible ☐ Interested

☐ Self-directed ☐ No initiative ☐ Refuses ☐ Does only what is expected

☐ Sloppy ☐ Disorganized ☐ Cooperative ☐ Doesn't complete assignments

☐ Other (describe): _____

How would you describe the teen's relationship with peers?

☐ Follower ☐ Leader ☐ Difficulty making friends ☐ Makes friends easily

☐ Longtime friends ☐ Shares easily

☐ Other (describe): _____

LEISURE/RECREATIONAL

What are the teen's special areas of interest or hobbies (e.g., art, books, crafts, sports, etc.)? How often does the teen participate in these activities?

Interests or hobbies	How often (times/week)
_____	_____
_____	_____
_____	_____
_____	_____

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MEDICAL/PHYSICAL HEALTH

List any current health concerns:

_____

_____

Date of most recent visit for physical examination: _____/_____/_____

Current prescribed medications, dose, and purpose:

_____

_____

Current over-the-counter medications:

_____

_____

CHEMICAL USE HISTORY

Does the adolescent have a problem with alcohol or drugs? ☐ Yes ☐ No

If yes, describe:

_____

_____

COUNSELING/PRIOR TREATMENT HISTORY

	Yes	No	Year	Name of clinician/clinic
Counseling or psychotherapy	☐	☐	_____	_____
Psychiatric treatment	☐	☐	_____	_____
Drug/alcohol treatment	☐	☐	_____	_____
Hospitalizations	☐	☐	_____	_____

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Have there been any significant changes or events in the teen's life? (moving, death, etc.)

☐ Yes ☐ No If yes, please describe: _____

_____

Any additional information that you believe would assist the therapist in understanding the adolescent?

_____

_____

_____

Any additional information that would assist the therapist in understanding current concerns or problems?

_____

_____

_____

What family involvement would you like to see in the therapy?_____

_____

Legal guardian/Parent signature: _____ Date: _____/_____/_____

Adolescent's signature: _____ Date: _____/_____/_____

Therapist's signature: _____ Date: _____/_____/_____