Li Lin Hally, LCSW
Serving Individuals, Teens, Families & Groups

Adolescent History Form (ages 12-18) (Client)

Directions: Please fill out as completely as possible. This will help me best meet your needs. Your answers are confidential.

Client name: _____

Date: _____

Presenting Problem: (Please check all of your concerns)

	Fear of hurting self		Irritable		Sees things others do not
	Fear of hurting someone else		Angry		Hears things others do not
	Self-injury		Sad most of the time		Difficulty getting to sleep
	Fire-setting		Fatigue		Difficulty staying asleep
	Legal problems		Frequent mood changes		Wanders during night
	Traumatic event		Feeling anxious/fearful		Frequent nightmares
	Bedwetting		Tearful		Drug/alcohol use
	Harmful to animals		Easily distractible		Tics/involuntary movements
	Argumentative		Difficulty concentrating		Pre-occupied with sex
	Unable to keep friends		Impulsive		Sexual problems
	Secretive		Memory problems		Frequent complaints of illness
	Lying		Lacks confidence		Appetite changes
	Stealing		Has lost interest in activities/friends		Recent weight loss or gain
	Aggressive toward others		Prefers to be alone		Picky eater
	Destructive to property		Racing thoughts		Other
	Access to weapons		Confused a lot		
	Hopelessness		Overly energetic		
	Helplessness		Grandiose		
	Blames others		Repetitive thoughts		
	Irresponsible		Repetitive behaviors		

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A. Family History: **Lives with you?**

Mother's name _____ yes _____ no _____

Father's name _____ yes _____ no _____

Sibling name _____ yes _____ no _____

Sibling name _____ yes _____ no _____

Sibling name _____ yes _____ no _____

Do you live in a blended family? _____ yes _____ no _____

Does religion play a significant role in your family? _____ yes _____ no_____

B. Environmental History: (please check all that apply currently or in the past)

	Death in the family		Financial stress
	Unemployment of self or parent		Frequent moves
	Parental illness		Emotional abuse
	Crime victim		Parental separation or divorce
	Violence at home		Violence between family members
	Sexual abuse		Weapons in the home
	Alcohol abuse self or parent		Other (please explain)
	Drug abuse self or parent		

C. Mental Health History:

Have you ever intentionally hurt yourself or attempted suicide? If so, please explain:

_____

_____

Have you ever been hospitalized for psychiatric reasons? If so, when and where?

_____

Are you currently taking any medications for a psychiatric condition? Yes _____ no _____

Have you ever been in counseling? If so, when and with whom?

_____

_____

D. Alcohol and Drug History:

What, if any, drugs or alcohol are you currently using?

_____

What, if any, drugs or alcohol have you used in the past?

_____

Do you smoke cigarettes?

_____

Has any family member had problems with alcohol or drugs? If so, who and when?

_____

E. Employment History: (16 and older)

Do you have a job that earns money?

_____

How many hours per week do you work? _____

F. Academic History:

	Victim of bullying/teasing		Feel threatened		Low grades
	Suspensions/expulsions		Special classroom		Failing grades
	Underachievement		Overachievement		Learning disability
	Social/behavioral problems		IEP		Skipping/poor attendance

Are you currently enrolled in school? _____

If yes, where do you attend? _____

G. Legal History:

Have you ever had a legal problem or been involved with the police? If yes, please explain:

_____

_____

_____

_____

_____

_____

_____

_____

H. Medical History:

a) Current medical problems/allergies:

_____

_____

_____

b) Current medications (include dosage):

_____

_____

_____

c) Any past head injuries or serious physical trauma:

_____

_____

_____

d) Nutritional history (please describe any dietary concerns):

_____

_____

_____

_____

Client Signature Date