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Licensed Marriage and Family Therapist #52905
Adolescent and Family Psychotherapy
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Client Information Form – Adolescent

Name of Adolescent: _____

Date of Birth: _____ Age: _____ Gender: _____

Person Completing Form: _____ Relation to Child: _____

Parent 1 Name: _____ Relation to Child: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Cell: _____ Ok to leave message? _____

Email: _____ Best way to contact you? _____

Occupation: _____ How long? _____

Name of Employer: _____

Parent 2 Name: _____ Relation to Child: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Cell: _____ Ok to leave message? _____

Email: _____ Best way to contact you? _____

Occupation: _____ How long? _____

Name of Employer: _____

Who is Primary Contact Parent? _____

Parents' Marital Status (Circle One): Married Separated Divorced Remarried Other _____

Emergency Contact: Name: _____

Phone: _____ Relationship: _____

Please describe the main reasons for which you are seeking assistance:

_____

_____

_____

Has your child been evaluated for developmental, behavioral or learning problems? _____ If so, why, what kind, by whom, and what was shared with you regarding the results?

_____

_____

_____

Has your teen ever received psychiatric or psychological treatment? _____ If yes, please explain why, what type, with whom, and how long the treatment lasted:

_____

_____

_____

Has your teen ever been prescribed medications for emotional or behavioral issues? _____ If so, please describe what medication was prescribed, amount of dosage, for how long, how effective it has been, and whether or not he/she is still taking this medication:

_____

_____

_____

Does your child have a history of any of the following (please check all that apply):

Suicidal thoughts: _____ Suicide attempts: _____ Domestic Violence: _____ Substance Abuse: _____

Eating Disorders: _____ Other: _____

_____

Is there anything else Ms. Grellman should know in order to assist you?

_____

_____

_____

How were you referred to this practice? _____