

Midwest Behavioral Care, Ltd.

Administrative Office

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ADOLESCENT HISTORY FORM
(To be completed by child)

Date _____

So that we can help you, please fill out the following information. This information will be treated in a professional manner.

NAME _____ AGE _____ SEX _____
BIRTHDATE _____ PHONE NUMBER _____

In your own words, what problems or difficulties bring you here at this time? _____

Have you tried to get any previous help for this? _____ What kind? _____
_____ When? _____ Where? _____ Was this helpful? _____
_____ How? _____

What procedures have you tried on your own? _____
When did these problems first begin? _____
What important things have happened to you or your family in the last six months? _____

What sudden changes have you noticed recently in your behavior and moods or in family members? _____

BIO-MEDICAL HISTORY

What aches, pains, or physical discomforts do you have these days? _____

What have you been hospitalized for in the past? _____

What serious illnesses have you had during your life? _____

What accidents have you had? _____

How long have you been drinking alcohol? _____ How frequently do you drink alcohol? _____
How much alcohol do you drink? _____

What drugs have you used? _____ Reason _____

_____ How long? _____

What is the name and address of the physician you usually see? _____

When was your latest medical examination? _____

What medicines are you taking these days? _____

What is the name and address of the person to notify in case of emergency? _____

Who referred you to us? _____

SCHOOL HISTORY

Which schools have you attended since entering school? _____

What grade are you in now? _____ At what school? _____

In what three subjects do you earn your best grades? _____

In what three subjects do you earn your lowest grades? _____

What grades did you repeat? _____

Is your schoolwork: Above Average _____ Average _____ Below Average _____

What are your favorite subjects? _____

What special school problems do you have? _____

How do you get along with your teachers as compared to your parents? _____

What psychological or achievement tests have you had previously? _____

_____ What were the
results or scores? _____

SOCIAL HISTORY

How old were you when you began dating? _____

How often do you date? _____

What do you like to do on a date? _____

What problems do you have with persons of the opposite sex? _____

How serious do you feel these problems are? _____

How many friends do you have? _____

What people have you felt close to in your life? _____

Tell us how you learned about sexual intercourse, when, and from whom. _____

HOME HISTORY

What problems do you have at home? _____

When are these problems worse? _____ When are they better? _____

Please fill in the names, ages, etc. of your family:

<u>NAME</u>	<u>AGE</u>	<u>LEVEL OF EDUCATION</u>	<u>OCCUPATION</u>	<u>WHERE EMPLOYED</u>	<u>WORK SCHEDULE</u>
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Father: _____

Mother: _____

Brothers: _____

Sisters: _____

Others living in your home:

(If any of the above are adopted, please indicate this)

Which family member seems easiest to get along with and why? _____

Which family member is the most difficult and why? _____

Who disciplines the children and how? _____

How long have your parents been married to each other? _____ Has either parent been married before? _____ For how long? _____

What marriage problems have there been between your parents? _____

How do your parents feel about you? _____

What medical/physical problems have there been in your family or in relatives? _____

What emotional troubles, nervous breakdowns, convulsive disorders, etc. have there been in your family or in relatives? _____

What troubles has your family had with the law? _____

What religion does your family belong to? _____

Who lives in the house with you? _____ How many bedrooms are there? _____ What are the sleeping arrangements? _____

What sort of a neighborhood do you live in? _____
