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ADOLESCENT BACKGROUND FORM

(to be completed by adolescent)

Please fill out this biographical form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy Form and the HIPPA Notice of Privacy Practices. If you choose not to answer a particular question, please write, "Do not care to answer."

Name: _____ Male/Female: _____ Date: _____ Date of Birth: _____

Age: _____ Address: _____

Home Phone: _____ Cell Phone: _____

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

Have you tried any previous help for this? _____ What kind? _____

When? _____ Where? _____ Was this helpful? _____

How was it helpful or not helpful? _____

What have you tried on your own? _____

When did these problems first begin? _____

What important things have happened to you or your family in the past six months? _____

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

BIO-MEDICAL HISTORY

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

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 normally drink? _____ What drugs have you tried/used? _____

Reason for use? _____ How long? _____

What is the name of the doctor you usually see? _____ Last medical exam? _____

What medications are you currently taking? _____

What medications have been prescribed that you are not taking? _____

What is the name, address, phone number of the person to notify in case of an emergency? _____

Who referred you to me? _____

SCHOOL HISTORY

Which schools have you attended since entering school? _____

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

What grades did you repeat? _____ What are your favorite subjects? _____

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

What problems or concerns do you have regarding school? _____

Have you been bullied? _____ Currently? _____ For how long? _____ Have you or do you bully others? _____

How do you get along with your teachers? _____

Have you ever been suspended or expelled from school? _____ When? _____ How long? _____

Reason for suspension or expulsion? _____

SOCIAL HISTORY

How old were you when you began dating? _____ How often do you date now? _____

What do you like to do on a date? _____

Do you have any particular concerns regarding dating? _____

How many friends do you have? _____ Do you think your friends are dependable and trustworthy? _____

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

How did you learn about sex, when, and from whom? _____

Any current concerns regarding your intimate or sexual relationships? _____

What hobbies or sports do you participate in? _____

Estimate how many hours per day you spend online (social networking, gaming, browsing, etc.): _____

Do you feel your technology use is balanced and healthy or could it use improvement? Please explain:

Any problems with cyberbullying? _____

HOME HISTORY

What problems do you have at home? _____

When are these problems worst? _____

When are these problems better? _____

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

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Employer</u>	<u>Work Schedule</u>
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Father: _____

Mother: _____

Brothers: _____

Sisters: _____

Others living in your home: _____

Which family member do you get along with best and why? _____

Which family member is most difficult to get along with and why? _____

Who disciplines the children and how? _____

Are your parents married? _____ Divorced? _____ Stepparents and/or step siblings? _____

How do you feel about your parents/step parents? _____

How do you think your parents feel about you? _____

If you could change something about your family, what would it be? _____

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

What emotional problems have there been in your family or with close relatives? _____

What kind of trouble have you and/or your family had with law enforcement? _____

What religion does your family belong to? _____ Do you currently attend religious services or ceremonies? _____ How important is your religion to you? _____

TREATMENT

Please circle any of the following you think would be most helpful:

- | | |
|---|--------------------------|
| a. Directions to change specific behaviors | e. Psychological testing |
| b. Talking about your problems individually | f. Receiving medication |
| c. Counseling with your parent(s) | g. Group therapy |
| d. Other (explain below) | |

How do you feel about working with a therapist? _____

Do you have any specific concerns or questions for me that I did not ask above? _____