

Alicia McArthur
Licensed Professional Counselor

Supplemental Information Form for Adolescent Clients

Today's date: _____

Client's Name: _____ Date of Birth: _____ Sex: _____

Parent/Guardian Completing Form: _____

Presenting Problems & Concerns

Describe the problem(s) that brought you here today:

How old was your child when you first became aware of the problem? (Please describe history of problem, including date of onset):

Does your child believe that he or she has a problem? Yes No

Has your child ever received mental health treatment? Yes No
If yes, please list date(s) of treatment, provider, and reason for treatment:

Has your child ever received psychological testing? Yes No
If yes, please provide copy of records and list date of testing and diagnosis:

Educational History

Current Grade/Placement: _____ School: _____

This year's school grades: Excellent Good Fair Poor

Past school grades: Excellent Good Fair Poor

Has your child had any of the following difficulties at school?

- Attention Problems Incomplete Homework Learning Problems
 Poor grades Detentions/Suspensions Speech Problems
 School Avoidance Attendance Problems Teased/Picked on

Has your child ever repeated or skipped a grade? Yes No

Has your child ever received special education services? Yes No

If yes, please describe services and reason for services:

What do your child's teachers say about him/her?

If you have any concerns about your child's school performance and/or learning style, please elaborate:

Social History

Please explain any concerns about how your child interacts with others, including peers, teachers, and family members:

What are your child's general interests and hobbies?

What are your child's strengths?

What responsibilities does your child have at home, and how does he or she fulfill these responsibilities?

Medical Information

Please list any CURRENT health concerns:

Current Prescription Medications:

Current over-the-counter medications:

Legal Information

If the parents are separated or divorced, what is the current child custody/visitation arrangement?

** Please provide a copy of pertinent custody documents*

Is your child currently the subject of a custody case? Yes No

Has your child ever been a ward of the court with SCF/DCFS guardianship? Yes No

Does your child have any legal offenses pending or on record? Yes No

Guardian Signature/Relation to Patient

Printed Name

Date

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.