Therapy Changes
Focused guidance when you need it most

5055 North Harbor Drive Suite 320, San Diego, CA 92106
11440 West Bernardo Court Suite 256, San Diego, CA 92127
Phone 619-275-2286 | Fax 619-955-5696
www.TherapyChanges.com

Confidential Adolescent Information Form

Adolescent Name:			
Date of Birth:		**Adolescent Age:**	
Adolescent Ethnicity:	☐ African-American ☐ Asian ☐ More than one race	☐ American/Alaskan Indian ☐ Latino/a ☐ Native Hawaiian/Pacific Islander	☐ Anglo ☐ Other

Legal Guardian Name (Please print):		
Date:		
Legal Guardian Age:	Legal Guardian Date of Birth:	
Parental Status: Description of relationship to the adolescent: ☐ Biological Parent ☐ Step-parent/co-parent ☐ Legal Guardian ☐ Foster Parent ☐ Adoptive Parent ☐ Other:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

Preferred Method Of Contact: Home Phone □ Cell Phone □	**Okay to leave a message?** Yes □ No □
Special Considerations:	

Person to be billed for fees:		
Name:	Relationship to adolescent:	
☐ Address (Check box if same as above):		
City:	State:	Zip:
Home Phone:	Cell Phone:	
How did you hear about *Therapy Changes*?		

FOR ADMINISTRATIVE USE ONLY:
Dx: _____
CPT: _____

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Adolescent Information

Adolescent Health History		
Primary Care Physician's Name:		
Date of Last Appt:	Phone:	
Address:		
City:	State:	Zip:
Please list any serious illness or recent surgeries that are *current* for your adolescent:		
Please list any serious illnesses, surgeries, and medical problems that your adolescent has *ever* had:		

Please list any medications (prescribed and over-the-counter) that your adolescent is *currently* taking:		
MEDICATION NAME	DOSAGE	FOR WHAT REASON?

Does your adolescent show physical signs of puberty? ☐ Yes ☐ No
If yes, at what age did these signs occur? Please describe:

Adolescent Psychological History
Has your adolescent ever seen a therapist or Psychiatrist? ☐ Yes ☐ No
Dates:
If yes, for what concerns, and what was helpful or not helpful about this treatment?
Has your adolescent ever been involved in illegal behavior? ☐ Yes ☐ No
If yes, for what reason?

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Adolescent School Information	
Name of the school that your adolescent is attending:	
Grade Level:	Estimated GPA:
Has your adolescent ever been given an IEP (Independent Educational Plan) or any other type of Special learning service? ☐ Yes ☐ No If yes, please explain:	
Has your adolescent ever had disciplinary action at school or have concerns been express by teachers? ☐ Yes ☐ No Dates: If yes, please explain:	

Adolescent Social Information
Is your adolescent involved in extracurricular activities? ☐ Yes ☐ No
If yes, what type and how often?
Is your adolescent involved in athletics? ☐ Yes ☐ No
If yes, please describe:
Does your adolescent have a job? ☐ Yes ☐ No
If yes, please describe:
Does your adolescent have a driver's license or permit? ☐ Yes ☐ No
Briefly explain why your adolescent is seeking therapy at this time:
List any major changes or life events that have occurred for your adolescent in the last two years:
Is there any additional information that would be important to know about your adolescent?

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Guardian Information

Employment status: ☐ Full-Time	☐ Part-Time	☐ Student	☐ Unemployed	☐ Retired	
Employer Name:			Job Title:		
Spouse/Partner Employer Name:			Job Title:		
Active Duty Military: ☐ Yes ☐ No	Branch:		Rank:	Date of Entry:	
Deployments or Duty Stations overseas: ☐ Yes ☐ No		Combat Deployments: ☐ Yes ☐ No			
Ethnicity: ☐ African-American ☐ Asian ☐ More than one race	☐ American/Alaskan Indian ☐ Latino/a ☐ Native Hawaiian/Pacific Islander	☐ Anglo ☐ Other			
Affectional/Sexual Orientation: ☐ Heterosexual	☐ Lesbian/Gay	☐ Bisexual	☐ Uncertain		
Religion: ☐ Catholic ☐ Buddhist	☐ Protestant ☐ Hindu	☐ Jewish ☐ Christian	☐ Islamic ☐ Other:		
Highest Level of Education Completed:					
☐ Some High School	☐ High School Diploma/GED	☐ Some College	☐ Technical/Apprentice Cert.		
☐ AA Degree	☐ BA/BS Degree	☐ MA/MS Degree	☐ MD/JD/Doctoral Degree		

Please fill in the chart below regarding your <u>current living situation</u> (who lives in your home)

First Name	Age	Ethnicity	Occupation	Relationship

Emergency Contact: Please identify an individual that we may contact in the event of an emergency		
Name:	Relationship to you:	
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	

Thank you for your time, and I look forward to meeting you soon!