Brenda Graham, Ph.D., RPT

Personal Information Form for Minor Client

Client Name_____

Gender: M_____F_____Age_____Race_____Culture_____

Client Address_____

_____

Phones: Home_____Work_____Cell_____

Parent or Legal Guardian_____

Family Members Living in Client's Home:

Name	Age	Relationship	Residence (if not with you)

Other Significant Extended Family & Friends:

Name	Age	Relationship	City, State

Prenatal and Birth History:_____

Developmental Milestones:_____

_____

Educational Information & Job History:

School_____Grade_____
Please specify: Regular Ed_____Special Ed_____Remedial Education_____

Past Schools and Grade Levels:

_____

_____

Employer_____Length of Service_____

Employer_____Length of Service_____

Work or School Functioning:

Grades/Evaluations_____

Performance areas of difficulty_____

Peers_____

Behavior_____

Attitude toward work/school_____

Homework_____

Relocations:

Place	Dates

Parent/Guardian Employment:
Mother_____Length of Service_____
Father_____Length of Service_____
Military Yes_____ No_____Branch_____Active Duty_____
Deployments_____

Leisure/Recreation Activities:_____
_____

Spiritual/Religious:_____
Denomination_____

Parents' Current Relationship
Married_____ Separated_____ Divorced_____ Widowed_____ Never Married

Significant Strengths of Childhood_____
_____
Significant Childhood Stressors_____
_____
Parent(s)' Parenting Style_____
_____

Health History:
Acute Illness_____
Chronic Illness_____
Current illness_____
Physician_____**Date last seen**_____
Insurance for Self_____**Insurance for Dependents**_____

Medications:

Name of Medication	Reason	Date Prescribed	Doctor

Mental Heath Diagnoses:

Diagnosis	Date Diagnosed	Doctor or Therapist

Counseling/Psychotherapy_____
Psychiatric Hospitalization_____

Drug and Alcohol Use:

Substance	Date First Used	Currently Use?	Amount of Use	Frequency of Use

Family history of mental illness or substance abuse_____
_____

History of Trauma:_____
_____
_____

Involvement with Legal System:
Current_____
Past_____

Stressors in the Last Year for Minor or Guardian/Parent:
Marriage of Parent(s)_____
Separation of Parent(s)_____
Divorce of Parent(s)_____
Family Structure Changes (birth, leaving for college, etc.) Specify:_____
Arrest_____
Hospitalization _____
Diagnosis of or Treatment for Medical Condition_____
Other_____

FuturePlans:_____
_____

I certify that the above information is true.

Printed Name_____

Signature____Date___________