Comprehensive Counseling Care for the Family

Stephanie A. Richards, LPC, PLLC
16607 Blanco Rd. Suite 1404
San Antonio, TX 78232
Office: (210) 606-1934 Fax: (855) 462-9865
www.StephanieRichardsLPC.com

ADOLESCENT CLIENT INFORMATION FORM

Tell me about YOU

Your Name: __________________________________ Name You Preferred to Be Called: ____________________

Race: ________________________ Gender: _______________ DOB: __________________ Age: __________

Address: ____

City: _________________________________ State: _______________________ Zip Code: _________________

Work Phone: ____________________________ Home Phone: ____________________________

Cell Phone: _____________________________ May counselor text you on Cell Phone provided? YES NO

E-Mail: ____

Is it okay for your counselor to leave a message for you at your: (check all that apply)

□ cell phone □ work phone □ home phone □ e-mail

What is your job? _________________________________ Where do you work? ____________________________

Who has LEGAL custody of you? (Parent Names or Legal Guardian Names)

____

Who do primarly you LIVE with? Please list additional family members living with you in your home

First	Last	Age	Relationship to you

What are your spiritual BELIEFS?

What are your personal spiritual or religious beliefs?

____

____

Tell me about your MENTAL HEALTH?

Have you experienced any problems (developmental, academic or behavior) while in school, with peers or teachers (circle one)? YES NO If YES, please explain: ____

____

Any reproduction of this form in any form or by any means without the prior written permission of Stephanie A. Richards, LPC, LLC is prohibited. Rev 01/15

List any physical or mental health diagnoses that have been given to YOU: ______________________________

____

____

Are you currently experiencing thoughts of suicide? YES NO

Have you ever considered suicide in the past? YES NO

Have you attempted suicide in the past? YES NO

Have you attempted suicide recently? YES NO

If you circled “YES”, tell me how you when with dates/ages/grade, below:

____

____

Have you done any of the following: (cutting, eating disorders, running away, physical aggression or threats to others, truancy, sexual acting out, destructive tendencies toward animals/property, substance abuse)? If YES, please tell me what and the ages in which you engaged in these activities:

____

____

How do you DEAL with difficult situations?

How do / have you DEALT with difficult situations (who or what do you rely on for support)?

____

____

Tell me about your MEDICATIONS?

Current Medications (please list as thoroughly as possible**)**

Name of Medication	Current Dosage	Times per day (am/pm)	Prescribing Physician	Type of Medication (purpose of medication)

Any reproduction of this form in any form or by any means without the prior written permission of Stephanie A. Richards, LPC, LLC is prohibited. Rev 01/15

What do you USE? **(**Circle all that are true for you)

Have you ever used substances (alcohol, drugs, illegal, prescriptions, or over the counter drugs)? YES NO

Are you currently using substances? YES NO

If you answered "YES" to any of the above, please circle which you have used below:

*Beer Wine Liquor Marijuana Sedatives Opiates Stimulants Methamphetamines Cocaine Heroin LSD Shrooms Inhalants Prescriptions (pills) Nicotine Other(s):*___________________

How much and how often do you use substances?

____

____

Is or has your substance use been a problem for you or someone close to you? YES NO

Is someone else's use of substances currently a problem for you? YES NO

How can counseling HELP you?

Tell me your top 3 reasons for being here? (List in the order of priority; #1 being most important to you now)

Reason #1: ____

Reason #2: ____

Reason#3: ____

What are your expectations/hopes for counseling?

____

____

Please list any additional information, not mentioned on this form, that you would like their counselor to know:

____

____

Any reproduction of this form in any form or by any means without the prior written permission of Stephanie A. Richards, LPC, LLC is prohibited. Rev 01/15