Name:

Date:

This questionnaire is designed to help me get to know your family. Please answer each of the following questions to the best of your ability – if you do not feel comfortable answering a question, it is OK to leave it blank. Please be aware that the information gathered in this questionnaire will help to *efficiently* create a *comprehensive* and *meaningful* treatment plan for your adolescent and/or family. Please feel free to use the back of each page if more room is needed to answer a particular question. Thank you! *I look forward to meeting you*.

Note: Please remember that the information you share with me is confidential (private) unless I feel you're a risk of harm to yourself, someone else or someone is hurting you. In those cases, I will take the necessary steps to keep you and/or others safe.

1. Briefly describe what problems are happening that bring you to therapy at this time.

- 2. How long have these problems been occurring?
- 3. Have you previously sought treatment for these problems? If so, was the experience helpful? Describe.
- 4. Are there other providers currently involved with your family regarding these problems? (i.e., psychiatrist, other therapists/psychologists, social workers, school personnel). If so, please identify each by name and their role with your family.

5. Does your teen agree that these issues are problems?

6. What do you hope to get out of therapy? (ex, how would you know that you've reached your goals? What would be different for your teen and/or family?)

<u>General Family Background:</u> For all children, but especially in adolescence, families are a key source of both support and stress. It is very important to gain an understanding of current family functioning and background history as a part of the assessment process.

1. Who is in your immediate family? Please list names/ages.

2. What are the living arrangements? (if divorced, how is time divided? Are all parents/siblings in the home? If not, when did parent(s)/sibling(s) move out?)

3. Please list family strengths:

4. Please list family challenges:

5. Please note any significant changes and/or stressors that have occurred (included dates):

6. What are your family's religious/spiritual beliefs? (i.e., are you member of a particular religious group?)

7. What is your family's cultural background?

Family Medical/Mental Health Background:

1. Does your teen or *anyone in the immediate family* have any significant medical issue (current or past?). If yes, please describe.

2. Has anyone in your family been diagnosed/treated for a mental illness? (i.e., Depression, *Bipolar Disorder, Schizophrenia, Obsessive-Compulsive Disorder, Anxiety/Panic, Attention Deficit Disorder)* If yes, please describe.

3. Has any type of abuse and/or violence occurred in your family? If yes, please describe.

4. Is there a history of addiction and/or substance abuse in your family (past or current)? If yes, please describe.

5. Has anyone experienced any type of significant trauma and/or loss? If yes, please describe.

6. Is anyone else currently receiving mental health services? If yes, please describe.

Family Educational/Occupational Background:

- 1. What school is your teen currently attending? ______ Current Grade: ______
- 2. Is your teen classified to receive Special Education Services? If yes, please describe and provide date of last IEP.
- 3. How is your teen doing in school? Any concerns? If yes, please describe.

4. Please describe your teens overall school performance. (Kindergarten to current)

5. Please describe the *parent(s) educational background* and *current occupation/employment status*. Please describe if there have been or are any impairments in occupational functioning.

Individual Development of your teen:

Birth History: How did your child join your family? *Please circle which applies:*

- Natural Conception
- Use of Reproductive Technology
- Foster Care/Adoption

Were there any pregnancy stressors that occurred for your child (in utero), for the mom or the family in general?

Any particular stressors that occurred surrounding your child joining your family?

Please describe your experience of your teen's overall developmental course.

• Did your teen achieve his/her milestones within a normal range? If no, please describe.

• Did you have any concerns for your teen's development at any different stages? Please describe.

• Were there any significant family changes, moves, and/or stressors that occurred during your teen's childhood that have not been mentioned in previous answers?

• *How has your teen developed emotionally, socially, and academically?*

• Do you feel that your teen is currently developmentally "normal" or "on track"? Please explain.

• Any specific concerns regarding your teen's peer relationships? (past and/or current) Please explain.

• Does your teen use social media apps? If yes, which ones? And, have there been any concerns regarding your teens use of technology and/or social media apps? If yes, please explain.

Is there any other information that has not been asked for in this questionnaire that you would like to provide now?

Thank you for completing this assessment form!