

Patient's Name: _____

Medical Information

Family physician: _____ Date of youth's last medical examination _____

If youth is currently under the care of a physician for a continuing Health Problem, please give the physician(s) name(s) and phone number(s):

Does youth take regular medications? If so, what?

Name of medication

Dose

Frequency

Does youth smoke? Yes No If so, how much? _____ How long? _____

Previous Mental Health Services

Type of Services

Provider

Dates of Service

Current or expected legal involvement? Yes No If yes, please explain:

Referred by: _____ Relationship: _____

Patient's Name: _____

Emergency Contact

Person to notify in case of emergency: _____ Relationship _____

Address: _____ Phone: _____
street city state zip home work

Personal Information

Religious affiliation: _____

List youth's leisure interests:

What do you consider to be youth's strengths?

Briefly describe the problems and reasons that brought you here:

Briefly list goals of youth's treatment here; that is, what you would like to achieve and/or see happen by coming here for care:

Page 4

Patient's Name: _____
