

AUSBORN BEHAVIORAL CARE, PC

Initial Patient Information for Child

Name: _____

Birthdate: _____

Address: _____

Today's Date: ____/____/____

School: _____

Phone: (H) _____

Parent (W) _____

Patient SSN: _____

FAMILY INFORMATION

Parent marital status: ____ Married ____ Yrs. ____ Never married ____ Separated
____ Divorced ____ Yrs. ____ Widowed ____ Yrs.

Other children in household (names and ages): _____

Household: ____ Home ____ Apartment ____ Live with parents/other family ____ Live with roommate(s)/other
____ Group home/residential treatment center ____ Incarcerated

Will family or others participate in your counseling? ____ If so, who will participate?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EDUCATION

Grade: ____ Mainstream ____ yes ____ no Special Education classes: ____ yes ____ no

School Progress: _____

MEDICAL AND OTHER INFORMATION

Please list any medical problems currently being treated _____

Medications: _____

Briefly described any early developmental problems (i.e., birth, infancy): _____

In case of a medical or other emergency, please tell us who you would like us to call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

SUBSTANCE ABUSE INFORMATION

Is there a history of drug or alcohol use? ____ If yes, date of last use? _____

What is your drug of choice (ther drug, including alcohol, you use most often)? _____

How often have drugs been used in the past? ____ How much use? _____

Date of first use? _____ Longest period without drug use? _____

Why? _____ Other drugs used in the past 6-months? _____

Please briefly describe the drug or alcohol related event that caused you to come to treatment? _____

COUNSELING INFORMATION

Reason for coming to counseling/desired services: _____

Previous counseling? _____ If so, please give us the following information:

Purpose/Issues: _____ Name of Counselor: _____ When & for How Long: _____ Results: _____

What are your goals for the outcome of counseling? Please describe how you hope your life will be different: _____