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LIFE HISTORY QUESTIONNAIRE: ADOLESCENT

First Name: ______________________________ Middle Initial: _____ Last Name: ______________________

Address: ____
(Street number, name, and apartment number) (City) (State) (Zip code)

Home Phone Number: (__________)________________Cell Phone Number: (__________)________________

Email Address: ______________________________Date of Birth:__________________ Age: ____________

PRESENTING CONCERNS

Briefly describe what brings you to counseling:

____

____

____

Approximately how long has this/these concern(s) been bothering you?
☐Day ☐Week ☐Month ☐Several Months ☐Year ☐Several Years ☐Most of My Life

Please CHECK ITEMS THAT APPLY. Check only those which apply to your presenting concern(s):

☐ Academic concerns
☐ Addictions
☐ ADHD/learning problems
☐ Adjustment to new situations
☐ Alcohol and drug concerns
☐ Anger management
☐ Anxiety, fear, nervousness
☐ Concentrations difficulties
☐ Concern with other's well-being ☐Cultural/multicultural concerns
☐ Depression, sadness
☐ Discrimination
☐ Eating concerns/body image
☐ Emotional or psychological abuse
☐ Family problems
☐ Feeling doomed or helpless
☐ Bullied/harassment
☐ Impulse control
☐ Internet/video game concerns
☐ Loneliness
☐ Loss, grief, death
☐ Self- esteem
☐ Medical or health concerns

☐ Mood swings
☐ Obsessive thoughts
☐ Panic attacks
☐ Paranoia
☐ Phobias
☐ Physical abuse or assault
☐ Procrastination
☐ Relationship concerns
☐ Sexual abuse or sexual assault
☐ Sexual concerns
☐ Sleep difficulties
☐ Spiritual or religious concerns
☐ Stress or tension
☐ Thinking about suicide
☐ Thoughts racing through your mind
☐Trouble making decisions
☐ Trouble getting things done
☐ Other present concerns (Specify):

____

How much do your concerns interfere with your:

Academic Performance:
Low Interference: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5: *Severe Interference*

Emotional Well-being:
Low Interference: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5: *Severe Interference*

Social Relationships/ Social Activities:
Low Interference: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5: *Severe Interference*

Daily Routine:
Low Interference: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5: *Severe Interference*

MENTAL HEALTH HISTORY

1. Have you received counseling or psychotherapy in the past?
☐ Never ☐ Prior to high school ☐ High school

2. List all medication and supplements you are currently taking:
____

____
____
____

3. Have you ever had thoughts of harming yourself?
☐ No ☐ Yes

4. Have you previously injured yourself (e.g., cutting, hitting, burning, etc.)
☐ No ☐ Yes (specify)
____
____

5. In the last few days, have you had suicidal thoughts?
☐ No ☐ Yes (specify)
____
____

6. Have you seriously considered attempting suicide in the past?
☐ No ☐ Yes (specify: age, issues, what happened?
____

7. Have you made a suicide attempt?
☐ No ☐ Yes (Specify):
____
____

HEALTH & SOCIAL ISSUES

1. When was your last physical exam? Month: ____________________________Year: ______________________

2. How is your physical health at present?
☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent

3. Have you had any serious accidents, injuries, or

illnesses?

☐ No ☐ Yes (specify):

____

4. Please list any PERSISTENT PHYSICAL SYMPTOMS or health concerns (e.g., chronic pain, headaches,
hypertension, diabetes, etc.):

____

5. Are you having any problems with your sleep habits?

☐ None ☐ Sleeping too much ☐Sleeping too little ☐Poor quality of sleep ☐ Disturbing Dreams ☐ Other (Specify):

____

6. How many times per week do you exercise?

☐ 1 or less ☐ 2-4 ☐ 5 or more

7. How long do you exercise each time?

____

8. Are you having difficulty with appetite or eating habits?

☐ No difficulty ☐ Eating less ☐ Eating more ☐ Binging ☐ Restricting ☐ Significant weight change ☐ Other (specify):

____

FAMILY & CULTURAL BACKGROUND

1. Please indicate which of the following is true for yourself or any family member:

	Self	Mother	Father	Sibling	Grandparent	Aunt	Uncle
Depression							
Bipolar Disorder							
Suicide Attempts							
Thought Disorder							
Drug/Alcohol							

2. In general, how happy or adjusted were you growing up?

☐ Not at all ☐ Unsatisfactory ☐ Average ☐ Substantially ☐ Completely

3. How much do you identify with your ethnic heritage?

☐ Not at all ☐ A little ☐ Somewhat ☐ Moderately ☐ Strongly

4. How much conflict do you currently experience with you parents?

☐ Very little or none ☐ Some ☐ Moderate ☐ Strong ☐ Extreme

5. Religious preference:

____

6. Are you currently active in your religion?

☐ No ☐ Yes

7. How much is your immediate family a source of emotional support for you?

☐ Not at all ☐ A little ☐ Somewhat ☐ Substantial ☐ Very strong

8. Did you experience LEARNING PROBLEMS in elementary or high school?

☐ None ☐ A little ☐ Some ☐ Substantial ☐ A lot, constant struggle

9. Please check any past, present, or impending special problems in your family:

☐ Divorce/ Marital problems ☐ Serious physical illness, disability or death ☐ Legal problems ☐ Alcohol/Substance abuse problems ☐ Psychiatric illness/Emotional problems ☐ Financial Problems/ Unemployment ☐ Other:

____