

SOCIAL HISTORY

Date: _____

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Social Security Number: _____

Present Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone Number: _____

Mailing Address (Only if different from physical address): _____

Is this youth receiving Social Security? (Circle) YES NO

If yes, amount per month: \$

Guardian Information: (Complete this section ONLY if parent(s) do not have custody of youth)

Who has custody of this youth? _____

Date of Birth: _____ Social Security Number: _____

Present Address: _____

Mailing Address: _____

Home Phone Number: _____ Work Phone Number: _____

CLIENT DESCRIPTION

Age: _____ Sex: _____ Race: _____ Build: _____
Eyes: _____ Hair: _____ Height: _____ Weight: _____

Birthmarks or Scars: _____

Disabilities: _____

FAMILY INFORMATION

Parent's Marital Status:

Still married: _____ Divorced: _____ Re-married: _____ Other: _____

Natural Father:

Last Name: _____ First: _____ Middle:

Date of Birth: _____ Social Security Number:

Present Address:

City: _____ State: _____ Zip Code:

Mailing Address:

Home Phone Number: _____ Work Phone Number:

Employed By:

Natural Mother:

Last Name: _____ First: _____ Middle:

Date of Birth: _____ Social Security Number:

Present Address:

City: _____ State: _____ Zip Code:

Mailing Address:

Home Phone Number: _____ Work Phone Number:

Employed By:

Step-Father:

Last Name: _____ First: _____ Middle:

Date of Birth: _____ Social Security Number:

Present Address:

City: _____ State: _____ Zip Code:

Mailing Address:

Home Phone Number: _____ Work Phone Number:

Employed By:

Step-Mother:

Last Name: _____ First: _____ Middle:

Date of Birth: _____ Social Security Number:

Present Address:

City: _____ State: _____ Zip Code:

Mailing Address:

Home Phone Number: _____ Work Phone Number:

Employed By:

Sibling(s):

Name: _____ DOB: _____ School:

1. List any out-of home placements, beginning with the most recent. (Include correctional, non-correctional facilities, foster homes, etc.)

Dates	Name and Address	Reason for Leaving
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2. List any out-of-home placements in any mental health or drug treatment facilities.

Dates	Name and Address	Reason for Leaving
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3. List Court and law enforcement encounters. (If applicable)

4. List name(s) of other social agencies and/or other mental health professionals with whom this youth has been involved with.

5. List youth's runaway history. (Dates, farthest traveled, usual person/place of destination, longest time gone)

From Home:

From Foster Home:

From Institution:

6. Circle the behaviors that apply to this youth and explain.

Destruction of Property	Cruelty to Animals	Fire Setting	Assaulting Others
			Running Away

Suicidal Thoughts or Actions Sexual Acting Out Sexually Offended Another Person or
Child

Gang Related Behavior Self-Mutilation (ex-tattoos, self-inflicted burns or cuts)

(Please list any other "acting out" and explain):

7. List any events in this youth's life that would be considered a traumatic experience.

EDUCATIONAL INFORMATION

1. Is youth currently enrolled in school? (Circle) YES NO Current Grade Level:

2. Name of School:

3. Has youth been retained? (Circle) YES NO If yes, which grade(s)?

4. Youth's grade average this year: _____ Last year:

5. Has the school provided any additional services to this youth? (Counseling, health services, tutoring, etc.) (Circle) YES NO If yes, please specify:

6. Has there been any Special Education Classes, Resource Room, remedial or supplemental help? (Circle) YES NO If yes, please specify:

7. Please list all extra-curricular activities this youth has been involved in during the past three years.

8. Are there any discipline problems with this youth at school? (Circle) YES NO If yes, please specify:

9. Is there a history of truancy (skipping)? (Circle) YES NO If yes, please explain:

10. Has this youth been suspended from school this past year? (Circle) YES NO

Number of times: _____ Reason(s):

11. Has this youth been expelled from school? (Circle) YES NO Number of times:

Reason(s):

12. List all other school(s) this youth has attended in the last three years. (Give dates, grades and addresses)

Is this youth covered by HEALTH INSURANCE? (Circle) YES NO

If yes, Name of Company:

Policy Number: _____ Group Number:

Policy Holder:

List any additional information that would be helpful in working with this youth: