[redacted] CONNECTICUT CENTER FOR COGNITIVE THERAPY, PC
176 West Main Street...Avon, CT 06001...Phone: (860) 677-2991

Biographical Information Form for Adolescents
to be completed by Parent/Guardian

Instructions: In order to better help your child, please fill out this form as clearly as you can. The information provided will save much time and effort. You can be sure that the facts on this form will be held in the strictest confidence and no outsider will be permitted to see this case record without your written permission. PLEASE PRINT YOUR ANSWERS.

Child's Name: _____ Today's Date: _____

Name of parent completing this form: _____

1. Child's Date of Birth: _____ 2. Age: _____ 3. Sex: M ___ F ___

4. Current grade level: ____ 5. Social Security Number: _____

6. Address: _____
street city state zip code

7. Home Phone: _____ Business Phone of parent: _____

8. Who referred you to the Connecticut Center for Cognitive Therapy? _____ .
_____

9. If parents are separated or divorced, how old was the child then? ____

10. Is the child adopted or raised by someone other than the biological parents? ___ yes ___ no

11. Briefly describe the amount of contact each significant adult has with the child (parents, guardians, step parents, other adult): _____
_____
_____
_____

12. The child is number _____ in a family of _____ children.

13. Number of brother(s) ____, their names and ages: _____

14. Number of sister(s) ____, their names and ages: _____

15. Briefly describe the child's relationship with brother(s)/ sister(s): _____
_____

16. Briefly describe the child's relationship with step/half siblings: _____
_____

17. If there were any unusual or disturbing circumstances in the child's relationship with any family members, briefly describe them: _____

_____

_____

18. List sources of family stress in past year: _____

_____

_____

_____

19. List any close relatives who have experienced emotional or behavioral problems (briefly describe problems): _____

_____

_____

20. List any close relatives who have been hospitalized for emotional problems or attempted suicide: _____

_____

21. Has the child ever had any individual or group psychotherapy? ___ yes ___ no
(If yes, summarize approximate dates, length, and type of treatment): _____

_____

_____

_____

22. Is the child undergoing treatment anywhere else now? ___ yes ___ no

23. Has the child ever been hospitalized for psychological problems? ___ yes ___ no
If yes, list the length of hospitalization (# of weeks): _____
Describe the main reason for the hospitalization: _____

24. Has the child ever taken medication for emotional problems? ___ yes ___ no
If yes, specify the medication(s) and approximate dates of use: _____
List dosages of current medications being taken. _____

_____

_____

25. Please check off all areas of concern:

___ Depression/ mood related difficulties; ___ Bipolar disorder (Manic-Depression)
___ Anxiety and worry; ___ Panic attacks; ___ Avoidance; ___Shyness
___ Schizophrenia/ psychotic disorders (hallucinations, delusions, bizarre behavior)
___ Problems with attention and focus
___ Concerns about alcohol or drug use
___ Eating related problems (e.g. obesity, bulimia, anorexia)
___ Sleep difficulties
___ Anger outbursts; ___ Aggressive behavior
___ Oppositional behavior; ___ Involvement with the criminal justice system
___ Social difficulties
___ Poor academic performance
___ Poor school attendance
___ Other (Please describe symptoms): _____
___ Unsure (Please describe symptoms): _____

26. Briefly list the main complaints, symptoms, and problems for which the child is seeking treatment:

_____
_____
_____
_____

27. Under what conditions are the problems worse? _____
_____
_____

28. Under what conditions are they improved? _____
_____
_____

29. List the child's main difficulties at school: _____
_____
_____

30. What report card grades does the child usually receive: _____
_____
_____

31. List the child's main difficulties at home: _____
_____
_____

32. Briefly describe the child's friendships: _____
_____
_____

33. Briefly describe the child's hobbies or interests: _____
_____
_____

34. List the child's greatest strengths, assets, and good points: _____

_____

_____

35. List any physical health concerns at the present time: _____

_____

_____

36. List any past health events (major illnesses/ operations): _____

_____

_____

37. Additional information that you think might be helpful: _____

_____

_____

_____