

Confidential Client Questionnaire, Parent Form

Name of person completing the form:	Age:	Date:
Relationship to the young person:		
Name of young person:	Age:	Grade:

Please describe any significant current or past medical problems this young person has experienced:

Please list any substances this young person currently uses. Include prescription, non-prescription and over-the-counter medications and the dosage of each.

Has this young person had previous mental health and/or substance abuse treatment? Yes No

If yes, please give the name of the clinician(s), the months they were seen (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Has this young person ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the facility name, dates, and the nature of the difficulty at the time:

In your own words, what is the nature of the concern that you wish to be addressed in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

To this point, have you or this young person found or accessed any activities, supports, or self-care practices that have helped to manage the current challenges? Please describe.

If so, what about these practices was helpful?

What are this young person's greatest strengths?

Therapy can be a powerful force for change. In order for it to be most effective it helps to have clear and specific goals. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. Feel free to list more than one goal if you wish.

The following scale represents progress towards the goal or goals that you listed above. At 10, the goals that brought you here today have been fully achieved; this young person is exactly where you hope them to be. 0 is as far away from the goals as you can imagine.

Please circle the number that best represents where they are, today, in progress towards the above goals.

0 1 2 3 4 5 6 7 8 9 10 (goals met)