

Violence/Gangs

	# of times	What age?	# citations	# of arrests	Description
Cruelty to animals					
Playing with fire					
Any gang related activity/association					
Threatened assault					
Assault					
Physical fight outside the home					
Destruction of property					
Sex offense					
Self-mutilation (cutting, burning, etc.)			—	—	
Attempted suicide			---	----	
Talked about suicide			---	----	
Planned suicide			---	----	
Other					

TREATMENT HISTORY

Please provide a thorough account of ALL mental health/behavioral health treatment you have received, starting with the MOST RECENT FIRST.

Outpatient

Date(s)	Individual	Group	Family	Day treatment	Approx # of times	Name of Counselor	Reason for Treatment	Outcome + Positive - Negative 0 Neutral

Inpatient

Date(s)	Name of facility	Reason for Treatment	Outcome + Positive - Negative 0 Neutral

To the best of your knowledge, have you ever been abused

- Physically Please explain: _____
- Sexually _____
- Emotionally _____

Please list **ANY medications** you have taken in the past 6 months.
Please list them starting with the **MOST RECENT FIRST**.

Medication name	Dose (Mg)	Times per day	When first started	Last change in dose	Last dose taken	Compliant?	Who prescribed this medication?	Reason prescribed	Side effects?

Who has been a positive influence in your life you use for help?

- Grandparent Sibling Coach Teacher Spiritual leader
 Therapist Neighbor Peer Other family member
 Other: _____

OTHER INFORMATION

Please describe your strengths:

1. _____
2. _____
3. _____

How would you describe your own:

- Intelligence: _____
- Personality _____
- Maturity: _____
- Self-Control: _____

Please list any recreation activities or hobbies you enjoy:

1. _____
2. _____
3. _____
4. _____
5. _____