

# NEWPORT PSYCHOTHERAPY

---

1101 Dove Street, Suite 155  
Newport Beach, CA 92660

## Adolescent Information Form

Child's name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail : \_\_\_\_\_

Child primarily lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Mother's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail : \_\_\_\_\_

Employer: \_\_\_\_\_

Custody: \_\_\_\_\_

Please list others living in mother's home, ages, and relationship to child:

\_\_\_\_\_  
\_\_\_\_\_

Father's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail : \_\_\_\_\_

Employer: \_\_\_\_\_

Custody: \_\_\_\_\_

# NEWPORT PSYCHOTHERAPY

1101 Dove Street, Suite 155  
Newport Beach, CA 92660

Please list others living in father's home, ages, and relationship to child:

---

---

Step-parent's/Guardian's information: (If applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Employer: \_\_\_\_\_

Who has legal guardianship of your child? \_\_\_\_\_

Please describe custody and the child's current living arrangements: \_\_\_\_\_

Is there any legal involvement with your child? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

---

Please bring copies of any court orders that impact your child.

Who are your child's significant others living with your child? Please list their names, ages, relationships, grades, and jobs if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Who are other significant people in your child's life that do NOT live with your child (e.g. grandma on mom's side) Please list their names, ages, relationships:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Child's job and employer (if applicable): \_\_\_\_\_

Work phone: \_\_\_\_\_ Work days and hours: \_\_\_\_\_

# NEWPORT PSYCHOTHERAPY

---

1101 Dove Street, Suite 155  
Newport Beach, CA 92660

How were you referred: \_\_\_\_\_

Reason(s) for seeking therapy: \_\_\_\_\_

What goals do you have for therapy? \_\_\_\_\_

Have you sought mental health treatment before for your child? \_\_\_ Yes \_\_\_ No

If so, when and with whom? \_\_\_\_\_

\_\_\_\_\_

Current medical doctor/Family physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Current medications (type and dosage): \_\_\_\_\_

\_\_\_\_\_

Has there been any history or suspicion of physical, sexual, or emotional abuse? (If so please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have there been any suicide attempts? (If so, explain) \_\_\_\_\_

\_\_\_\_\_

*In case of emergency, please notify :*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Insurance* (The following questions are about the policy holder.)

Policyholder's name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Job title: \_\_\_\_\_

If you are a dependent, what is your relationship to the policyholder: \_\_\_\_\_

# NEWPORT PSYCHOTHERAPY

---

1101 Dove Street, Suite 155  
Newport Beach, CA 92660

By completing this form, my signature indicates that the information provided is truthful and accurate.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_