

**Terry Molnar, PhD., PC**  
**Confidential Information – Youth**

(Please Print)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    Middle                    Last

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

Mother's Name: \_\_\_\_\_ Legal Custody of Youth?  Yes  No  
                                    First                                    Middle or Maiden                                    Last

Mother's Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Legal Custody of Youth  Yes  No  
                                    First                                    Middle                                    Last

Father's Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

Father's Email Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name of other legal guardian: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Guardian's Email Address: \_\_\_\_\_

*Youth's Immediate Family (for younger children, include all persons other than parents living with the child)*

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation/Grade</u>	<u>Residence</u>

Youth's School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Special Classes: \_\_\_\_\_

For Clinician Use Only

Diagnosis \_\_\_\_\_ Code \_\_\_\_\_

Patient's Name: \_\_\_\_\_

**Please complete the following medical information:**

Family Physician: \_\_\_\_\_ Date of youth's last medical examination: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Is youth currently under the care of physician for a continuing health problem? Please describe:

\_\_\_\_\_

\_\_\_\_\_

Does youth take regular medication? If so, what medication?

Name of Medication

Dose

Frequency

\_\_\_\_\_

\_\_\_\_\_

**Previous Mental Health Services:**

Type of Services

Provider

Dates of Service

\_\_\_\_\_

\_\_\_\_\_

Current or expected legal involvement? Yes No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Non-Parent to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street

City

State

Zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

List youth's leisure interests:

\_\_\_\_\_

\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

What do you consider to be youth's strengths?

\_\_\_\_\_

\_\_\_\_\_

Briefly describe the problems and reasons that brought you here:

\_\_\_\_\_

\_\_\_\_\_

Briefly list goals of youth's treatment here; that is, what you would like to achieve and/or see happen by coming here for care:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_