Client History

Please circle Yes or No if you have observed any of these behavior / attitude signs in you son / daughter. All questions that you respond “YES” to, PLEASE EXPLAIN WHY.

1. A drop in grades?   YES / NO     (This could be a slow decrease in the past six months to a year, or a sudden decrease. )

2. Are there any intellectual or academic concerns?   YES / NO

3. Switching friends?   YES / NO     (Are you seeing a different set of friends recently around the house? More friends you object to? Not meeting any friends.)

4. Emotional highs and lows?  YES / NO     (Easily upset, emotional state changes rapidly, doesn’t seem as happy as he / she used to.)

5. Defiance to rules and regulations?   YES / NO     (Pushing limits around the house, not doing chores around the house.)
6. Becoming more secretive?  YES / NO  (Not sharing any, or very little, personal problems.)

__________________________________________________________________________

7. Loss of initiative?  YES / NO  (Less energy, sleeping more than usual.)

__________________________________________________________________________

8. Withdrawing from family functions?  YES / NO  (Camping trips, church, meals.)

__________________________________________________________________________

9. Change in physical hygiene?  YES / NO  (Becoming more sloppy, wearing same clothes frequently.)

__________________________________________________________________________

10. Not informing you of school activities?  YES / NO  (Open houses, times to meet teachers, suspension warnings.)

__________________________________________________________________________

11. Many excuses for staying out?  YES / NO  (Not coming home on time, giving excuses constantly.)

__________________________________________________________________________
12. Isolating?  YES / NO  (In rooms, outside, etc.)

13. Suspicion of money missing?  YES / NO  (Change, dollar bills, missing from parents, brothers or sisters.)

14. Harassing younger brothers and sisters?  YES / NO (More fighting among siblings, fights not being resolved.)

15. Selling Possessions?  YES / NO  (Clothing, records, gifts, stereos.  Seems to wear a lot of other friends’ clothing.  Has money, but no job.)

16. Feeling manipulated and bargained with?  YES / NO  (Playing parents against each other.)

17. Not coming home?  YES / NO  (Staying out late, not coming home at all.)

18. Weight changes?  YES / NO  (Drastic loss or gain.)
19. Short-tempered? YES / NO  (Becomes angry often, short fuse.)

___________________________________________________________________________

20. Legal problems? YES / NO  (Driving–while–intoxicated, curfew, being at parties that get raided.)

___________________________________________________________________________

21. Defensive? YES / NO  (When confronted on behavior / or concerns.)

___________________________________________________________________________

22. Calls from school? YES / NO  (Reports of skipping, sleeping in class, poor work, not doing homework.)

___________________________________________________________________________

23. Coming home drunk or high? YES / NO  (Smell pot at times or alcohol. Seems unusually giddy.)

___________________________________________________________________________

24. Finding paraphernalia? YES / NO  (Papers, pipes, clips, drugs, bottles.)

___________________________________________________________________________

25. Have you or others in the family been physically or verbally abused by your son/daughter? YES / NO
26. Have your feelings changed towards your son/daughter, as a result of their drug/alcohol use? YES / NO

___________________________________________________________________________

___________________________________________________________________________

27. Have you or any members of your family attended Al-Anon? YES / NO

___________________________________________________________________________

___________________________________________________________________________

Prenatal, Perinatal, and Developmental Events and History

Pregnancy
☐ Normal and routine
☐ Problematic:

___________________________________________________________________________

___________________________________________________________________________

Fetal Health – prior to birth; Include child’s exposure to substances during gestational development:
amounts, frequency and duration.
☐ Alcohol;

___________________________________________________________________________

☐ Illicit Drugs;

___________________________________________________________________________

☐ Prescriptive Medications;

___________________________________________________________________________

☐ Tobacco;

___________________________________________________________________________

☐ Caffeine;
Gestation  
Born at _______ weeks.  
Came home at ______ days / weeks.

Birth
☐ Routine Delivery - ☐ Without complications
☐ With complications;

☐ Cesarean Delivery - ☐ Without complication ☐ With complications;

Growth and Development
Age at which child first walked: __________________________

Age at which child spoke first word: _______________________

Age at which child began speaking in sentences: _______________

Age at which child was toilet trained – bladder: ________________

Age at which child was toilet trained – bowel: _________________

Concerns about early childhood development:
________________________________________________________________________

Growth & Development Comment:
________________________________________________________________________

Please check any of the following that you believe to be problematic:

☐ Divorced Family          ☐ Family history of addiction
☐ Communication           ☐ Marital Conflict
________ Child Accountability

________ Trust

________ Expressing Emotions

________ Blended Family System

________ Cultural Issues

________ Conflict Resolution

Please list your son or daughter’s strengths, assets, hobbies, club or activity involvements;
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please list any barriers, struggles, weakness / or limitations your son or daughter has;
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

**Family History**

Please indicate if there is a family history of any of the following and give a brief explanation.

**Medical:**
_______________________________________________________________________________________

**Substance Abuse / Addiction:**
_______________________________________________________________________________________
_______________________________________________________________________________________

**Mental Health:**
_______________________________________________________________________________________
_______________________________________________________________________________________

**Death, Loss, Suicide, Abuse or Trauma:**
_______________________________________________________________________________________
_______________________________________________________________________________________

**Legal:**
_______________________________________________________________________________________
_______________________________________________________________________________________
Child Protection Service Involvement:


Housing Concerns:


Transportation Concerns:


Access to Alcohol, Prescription Drugs, Illegal Drugs, Firearms or Other Weapons:


Is there any other data that we have missed at this time which you think would be helpful in our evaluation? Please add on the bottom of this sheet or contact your counselor.


Printed Name of Person Completing This Form


Relationship to Client
<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Phone 1</th>
<th>Phone 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Louis Center</td>
<td>1000 Paul Parkway</td>
<td>Blaine, MN 55434</td>
<td>(763) 757-2906</td>
<td></td>
</tr>
<tr>
<td>On-Belay Plymouth</td>
<td>7700 Hudson Road #600</td>
<td>Woodbury, MN 55125</td>
<td>(651) 731-0031</td>
<td></td>
</tr>
<tr>
<td>On-Belay Eden Prairie</td>
<td>1517 E Highway 13</td>
<td>Burnsville, MN 55337</td>
<td>(952) 890-8879</td>
<td></td>
</tr>
<tr>
<td>On-Belay Plymouth</td>
<td>115 Forest Lane N</td>
<td>Plymouth, MN 55441</td>
<td>(763) 546-8008</td>
<td></td>
</tr>
<tr>
<td>On-Belay Eden Prairie</td>
<td>7170 Bryant Lake Drive</td>
<td>Eden Prairie, MN 55344</td>
<td>(952) 224-5873</td>
<td></td>
</tr>
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