



Three Springs Adolescent Treatment Programs
Family History-Biographical Information

Family History

Was the resident adopted? _____
If yes, at what age? Is the resident aware of adoption? _____
Primary language spoken at home: _____
Home status prior to placement: _____

History of prior treatment

Present placement: _____
Previous placement: _____
Prior Three Springs resident? _____
If yes, program dates: _____

History of early childhood and adolescent development

Please describe any complications (medical and/or emotional) that the Mother experienced during pregnancy and/or birth: _____

During pregnancy, did the Mother use or consume any prescribed medications, illegal drugs, alcoholic beverages or tobacco products to an extent that it may have affected the physical, emotional, and/or mental development of this youth? _____

Preschool Years of Development (ages 0-6)

Age sat without support? _____ Age crawled? _____ Age stood? _____
Age range attempted to dress and undress? _____
Age child became too active or not active enough? _____

Please indicate child's general disposition up to age 6

- | | | |
|---|---|---|
| <input type="checkbox"/> sleeps through the night | <input type="checkbox"/> fear of death | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> generally aggressive | <input type="checkbox"/> soiling or bedwetting (beyond age 3) |
| <input type="checkbox"/> fear of adults | <input type="checkbox"/> curious | <input type="checkbox"/> sought constant attention |
| <input type="checkbox"/> active | <input type="checkbox"/> healthy appetite | <input type="checkbox"/> had difficulty with siblings |
| <input type="checkbox"/> tantrums when angered | <input type="checkbox"/> made friends easily | <input type="checkbox"/> cared for pets/animals |
| <input type="checkbox"/> fear of abandonment | <input type="checkbox"/> withdrawn | <input type="checkbox"/> preferred to play with others |
| <input type="checkbox"/> frequently cried | <input type="checkbox"/> happy | <input type="checkbox"/> quiet |
| <input type="checkbox"/> enjoyed school | <input type="checkbox"/> irritable | <input type="checkbox"/> fear of night |

Health

Any serious health problems not otherwise mentioned? _____

Any hospitalizations, if yes, when and why? _____

Any emergency room visits, if yes, when and why? _____

Friends

Did child make friends easily? _____

Any trouble playing with friends? _____

Any unusual events that occurred during the early development of this child, not otherwise mentioned? _____

Grade School Years of Development (ages 6-12)

Health

Any health problems not otherwise mentioned? _____

Any hospitalizations? _____

Any emergency room visits? _____

Any accident proneness? _____

Any recommendations over evaluations for treatment of emotional and behavioral problems, if yes, please indicate who, when, why, and where? _____

Behaviors

Any behavior problems at home? _____

Any serious depressions? _____

Any suicidal verbalizations or acts? _____

Any sleeping or eating disorders? _____

Any attempts to run away successful or unsuccessful? _____

Activities

Favorite activities? _____

Participation in organizations (sports, church, scouts, etc.)? _____

Comments: _____

Junior and Senior High School Years of Development (ages 12-18)

School

Attitude toward school? _____

Any problems attending school? _____

Any problems with class work? _____

Any behavior problems at school? _____

Any trouble with homework? _____
Relationship with friends? _____
Relationship with teachers? _____

Behavior

Any behavior problems at home? _____

Any serious depressions? _____

Any suicidal verbalizations or acts? _____
Any eating or sleeping disorders? _____
Any attempts to run away, successful or unsuccessful? _____
Any career or college interests? _____

Are youth's current activities and behaviors in line with their future goals? _____

Sexual Development

Age started puberty? _____
Any concerns or confusion verbalized by child concerning sexual identity? _____

Significant events or relationships in child's life including girlfriends/boyfriends? _____

Describe your child's interest in learning about sex, including age at which questions were asked, to whom, and how was this handled? _____

Any sexual activity? _____
Knowledge about birth control? _____ From whom? _____

Describe any events, situations, and/or relationships not otherwise mentioned that may have impacted the development of this youth: _____

Educational history and current status

Current grade level: _____
Special Education – Learning Disabled or Emotionally Handicapped: _____
Current school: _____
Previous school: _____
Verbal IQ: _____
Performance IQ: _____
Full Scale IQ: _____
Ever repeated a grade? _____
Ever dropped out? _____ Why? _____

Medical History

Current Medications: _____
Allergies: _____
Primary Physician: _____
Is Physical Exam needed? _____

Medical Checklist

- hearing aid
- seizure disorder
- contacts
- infections or comm.. diseases
- asthma
- glasses
- hernia
- heart disease
- diabetes
- orthopedic problems
- special diet
- back injury

Please provide explanations for any items checked above: _____

Behavior Checklist

- homicidal risk
- suicidal risk
- physical and sexual abuse
- history of violence
- extreme fears
- prior treatment for mental health
- property damage
- current violent thoughts
- attempted suicide
- elopement issues
- prior injury to others
- self mutilating

Please provide explanations for any items checked above: _____

Appearance/Demeanor

Facial Expressions; _____ Mood: _____
 Speech: _____ Insight: _____
 Attitude: _____ Judgment: _____
 Thought process: _____
 Feelings about placement: _____

Description of legal history including current or previous charges

Any current legal charges? _____
 County and state of current charges? _____
 Age of first arrest? _____
 Reason for arrest? _____
 Weapon involvement? _____

History of substance abuse

<i>Substance</i>	<i>Age of Onset</i>	<i>For How Long</i>	<i>Avg. Frequency</i>	<i>Last Use</i>
Marijuana				
Alcohol				
LSD				
Cocaine/Crack				
Stimulants				
Other				

History of physical or emotional abuse

Please describe any known events involving physical or emotional abuse: _____

Family Information

(circle one) Father / Adoptive Father / Stepfather / Other _____

If necessary, make copies of this page and complete one for each individual in a father role.

How is the father involved in the youth's life? What parental role does he play? _____

Describe the youth's relationship with the father. _____

What is the father's educational history? What is the last school he attended? _____

Has the father experienced any physical, mental, emotional or substance abuse problems?

Does the father have any serious illness or chronic condition that impacts the youth?

Are any of the father's extended family (grandparents, aunts, uncles, etc.) involved in caring for the youth? _____

(circle one) Mother / Adoptive Mother / Stepmother / Other _____

If necessary, make copies of this page and complete one for each individual in a mother role.

How is the mother involved in the youth's life? What parental role does she play? _____

Describe the youth's relationship with the mother. _____

What is the mother's educational history? What is the last school she attended? _____

Has the mother experienced any physical, mental, emotional or substance abuse problems?

Does the mother have any serious illness or chronic condition that impacts the youth?

Are any of the mother's extended family (grandparents, aunts, uncles, etc.) involved in caring for the youth?

Youth's Siblings:

Name	Age	Sex	Relationship (biological, step, half, adoptive)	Parent with whom sibling lives with

How does the youth get along with his/her siblings? _____

Are any of siblings presenting problems that impact the family and the youth? _____

Please describe current and any previous marriage of either parent.

Name of Parent	Relationship to youth	Name of Spouse	Date Married/ Divorced

If either birth parent is not living with the youth, where is the parent now and how much contact is there with the youth? _____

List below where the youth has resided for the past five years. Please include any type of move within the family system, changes of custody, family, relocations, therapeutic placements, etc.

Residence	How long?	Primary Care-Giver(s)

Please describe any losses the youth has experienced of family members or other significant individuals over the past five years by death, marriage, divorce, separation or moving away.

Please describe the circumstances in which any individual has acted in place of a parent for this youth (relatives, live-in boyfriend/girlfriend, etc.) _____

Youth's Current Functioning In The Home

What responsibilities does this youth have at home? _____

How does the youth respond to these responsibilities? _____

When the youth acts out or breaks rules at home, how is he/she disciplined and by whom?

How does the youth respond to discipline? _____

How well does the youth care for his/her own personal needs? _____

What does the youth do when he/she is upset or frustrated? _____

Youth's Current Functioning Outside The Home

What are the youth's strengths and accomplishments? _____

With what age group does the youth spend time with? How do they spend their time? _____

Do you approve of the youth's peer associations? If not, please explain. _____

How does the youth explain his/her current situation in regards to problems within the family, school and/or community? _____

Parental Support

Are you supportive of the program at Three Springs? Please explain. _____

How do you feel about the youth being in residential care? _____

What do you see as your involvement in the program with this youth? _____

Youth's Name: _____		
_____	_____	_____
Biography Completed By	Relationship to Youth	Date