

Background Information Form

(for teens)

Please complete, scan (or take a picture), and email to sbh2329@gmail.com prior to our first appointment together. Thank you!

Complete with parents (ideally)

Date Completed: _____ Completed by: _____

Name of client: _____

Age: _____

Phone number I will use for our phone sessions: _____

Email address: _____

Time Zone: _____

What do you wish to accomplish by working together?

What have you tried, thus far, to make desired changes?

When did you first become aware that you may have neurodiverse traits?

How do you feel about having ASD?

Please send copies of psychoeducational/special education/gifted reports etc., if applicable.

Have you ever worked with a mental health professional, speech and language therapist (SLP), occupational therapist (OT), or physical therapist (PT)? If so, please describe outcome.

How do you do in school (academically and socially)?

What's going very well in your life presently?

What are some of your personal strengths?

What are your greatest areas of difficulty?

What type of feedback do you get from teachers about yourself?

Do you take medication? If so, what type and for what issue?

How are your relationships going with family, friends, teachers, and co-workers/boss, if applicable?

What are your special interests or hobbies?

Do you experience high levels of anxiety or depression?

What do you see yourself doing after high school?

What family member are you most like (mother, father, grandparent...)?

How would you describe your physical health overall?

Is there anything else that you would like me to know before we work together?