

Young Mind Treatment Program

Client's Name: _____

Bio

How long has client resided at current location? _____

Where did client live before this location? _____

How many places of residents has client had in the last 3 years? _____

Why client was originally placed out of home and now why at current residence.

Where is mother / is there a relationship there? _____

Where is father / is there a relationship there? _____

What is the highest grade level completed and what school?

Mother: _____

Father: _____

Where do they work / how long? _____

Is there anyone else in the family that client shares a relationship with?

Psycho

Who is your therapist? _____

Where do you receive therapy? _____

Would you say that therapy helps and how often so you attend? _____

What if any medical conditions do you have? _____

Do you have any learning / physical disabilities? _____

Does the client display any volatile / aggressive behavioral or any behavior concerns?

Is or what is the Crisis Plan in case of an emergency? _____

