Jewish Family Service
Confidential Information - Youth

(Please Print)

Name_____ SS#_____ Date_____
First Middle Last

Age_____ Date of Birth_____ Gender _____ Preferred pronouns_____

Home Address_____
Street City State Zip

Parent #1:

Name_____ Legal custody of youth? ❑ Yes ❑ No
First Middle or Maiden Last

Address_____
Street City State Zip

Occupation_____ Employer_____

Home Phone _____ Work Phone _____

Cell Phone _____Email_____

Parent #2:

Name_____ Legal custody of youth? ❑ Yes ❑ No
First Middle or Maiden Last

Address_____

Occupation_____ Employer_____

Home Phone _____ Work Phone _____

Cell Phone _____Email_____

Other Legal Guardian:

Name_____ Legal custody of youth? ❑ Yes ❑ No
First Middle or Maiden Last

Relationship to youth_____

Address_____
Street City State Zip

Occupation_____ Employer_____

Home Phone _____ Work Phone _____

Cell Phone _____Email_____

(Continued)

Client's Name_____

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

Name	Relationship	Age	Occupation/Grade	Residence

Youth's school_____ Teacher_____

Grade_____ Special classes_____

Please complete the following medical information:

Family physician:_____ Date of youth's last medical examination_____

If youth is currently under the care of a physician for a continuing health problem, please give the physician's name and phone number:

_____

Does youth take regular medications? If so, what?

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_____

Person to notify in case of emergency:_____ Relationship_____

Address:_____ Phone:_____(H)_

_____ Phone:_____(W)__

city state zip

Religious affiliation: _____

List youth's leisure interests:

_____

_____

(Continued)

Client's Name_____

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:

_____

_____

_____