



**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 statue 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 withdrawn            | 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? \_\_\_\_\_



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? \_\_\_\_\_

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Describe the youth's relationship with the father. \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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**(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? \_\_\_\_\_

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Describe the youth's relationship with the mother. \_\_\_\_\_

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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.

<b>Residence</b>	<b>How long?</b>	<b>Primary Care-Giver(s)</b>

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