

## Minor Preliminary History

Please note some of these questions are required by the state of Colorado or the Centers for Medicare and Medicaid (CMS). Answering these prior to the appointment will allow the therapist more time to focus on the client and goals for therapy.

Individual Completing Form \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Primary reason for seeking therapy services:

---

---

Please describe how concerns impact client's life:

---

Please describe the client's strengths:

---

What activities does client enjoy:

---

If the client is attending in person, does access to transportation limit the ability to attend appointments?

Yes  No  Client attends via telehealth

### Developmental and Academic Information

Briefly explain any developmental delays, if applicable:

---

School name \_\_\_\_\_ Grade level \_\_\_\_\_

Does the client have an Individualized Education Program (IEP) or 504 Plan?  Yes  No

### Medical and Mental Health History

Primary care and dental care questions are required by the state of Colorado. If the client does not have a PCP or dentist, please type n/a. If you would like a referral, please let the therapist know.

Client's Dental Care Provider: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

Client's Primary Care Provider: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Does the client have any other medical conditions?  Yes  No

If yes, please describe: \_\_\_\_\_

Does the client frequently complain of bodily aches and pains?  Yes  No

If yes, please describe: \_\_\_\_\_

Any previous mental health treatment?  Yes  No

Additional information:

---

Please list any psychiatric medications the client is taking:

---

## Minor Preliminary History

### Family Information

Please check any family stressors that have applied.

Stressor	Current	Past	Stressor	Current	Past
Marital problems	<input type="checkbox"/>	<input type="checkbox"/>	Housing problems	<input type="checkbox"/>	<input type="checkbox"/>
Marital separation	<input type="checkbox"/>	<input type="checkbox"/>	Legal issues	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Death of a friend	<input type="checkbox"/>	<input type="checkbox"/>
Custody disputes	<input type="checkbox"/>	<input type="checkbox"/>	Death of relative	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	Death of a pet	<input type="checkbox"/>	<input type="checkbox"/>
Job loss	<input type="checkbox"/>	<input type="checkbox"/>	Family illness	<input type="checkbox"/>	<input type="checkbox"/>
Parents using drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

What are the family's strengths?

---

Please list mental or physical health conditions among immediate family including siblings.

---

Forms of discipline used in the home:

- Time out     Rewards/incentives     Loss of privileges     Extra chores  
 Grounding     Physical punishment (corporal)     Other: \_\_\_\_\_

### Abuse and Legal Information

Does the client have a history of abuse or neglect?     Yes     No

If yes, briefly describe the abuse or neglect, approximate dates and the impact on the client and the family.

---



---

Are legal actions pending related to the abuse described above?     Yes     No

If yes, please provide additional information:

---



---

Are there any other legal actions that may have impacted the client? Please check all that apply.

Legal Action	Current	Past	Legal Action	Current	Past
Custody	<input type="checkbox"/>	<input type="checkbox"/>	Visitation	<input type="checkbox"/>	<input type="checkbox"/>
Adoption	<input type="checkbox"/>	<input type="checkbox"/>	Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>
Probation	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If yes, briefly describe:

---



---

Is there any other information you feel would be helpful for the client's therapist to know?

---



---