

Adolescent Health Center USA  
13821 Village Mill Drive, Suite B  
Midlothian, VA 23113

ADOLESCENT PATIENT INFORMATION

Date of visit \_\_\_\_\_ Date/place of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social security # \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Preferred Name

Address \_\_\_\_\_  
City County State/Zip

Telephone number with area code \_\_\_\_\_

Alternate telephone contact with area code \_\_\_\_\_

Present School \_\_\_\_\_ Grade \_\_\_\_\_ Telephone \_\_\_\_\_

If not in school, last school, grade, and years attended

\_\_\_\_\_

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Information of Parent with whom Patient Resides

**Mother's/Female's Name (circle which one):**

Name \_\_\_\_\_  
First Middle Last Preferred Name

Social security # \_\_\_\_\_

Address \_\_\_\_\_  
City County State/Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation and Employer \_\_\_\_\_



**Family History**

NAME	AGE	HEIGHT	WEIGHT	OCCUP'N	REL'N TO PATIENT	GRADE
Patient:						
Father:						
Mother:						
Sisters:						
Brothers:						

Children of previous marriages \_\_\_\_\_

Others living in home: \_\_\_\_\_

NAME	RELATIONSHIP TO PATIENT
1 .	
2 .	
3 .	

Who referred you to the Adolescent Health Center USA? \_\_\_\_\_

Do you want information sent to the referral source? \_\_\_\_\_

Please list previous treatment for this or related problems:

AGENCY/PHYSICIAN	DATE

Are any other family members receiving or in need of medical treatment or counseling?  
List all medications currently being taken:

Are there any illnesses or problems at birth or in early childhood?

List birth weight and any illnesses or problems at birth or in. early childhood with this adolescent?

List any illnesses or problems at birth or in early childhood with brothers or sisters?

List any accidents, illnesses, or operations that required a hospital stay:

Date	Reason
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List any accidents and illnesses requiring hospitalization *for* any other family member during the past 12 months:

Circle and identify all medical problems of any relatives (alive or deceased) of the patient. Include siblings, parents, aunts, uncles, cousins and grandparents:

Relationship to the patient

1. Alcoholism
2. Allergies
3. Arthritis
4. Asthma
5. Cancer
6. Diabetes
7. Drug problem
8. Emotional problem
9. Heart attack or stroke  
(before age 55)
10. High blood pressure

11. Intestinal disease

12. Kidney disease

13. Liver disease

14. Lung disease

15. Migraine headaches

16. Seizure disorder

17. Sickle cell anemia

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18. Thyroid disease

19. Tuberculosis

20. Ulcer

21. Others

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Disposition

Intake completed (date, initialed) Date assigned

Received by primary therapist