Elaine Davis, *LMFT* **503-402-8654**

Marriage and Family Therapist

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3000 NE Stucki Ave #230
Hillsboro, OR 97124

YOUTH INFORMATION

Name: ______________________________ Today's Date: __________________

Address: ____City:____________________ Zip:________

Telephone: (home) __________________________ OK to leave message? Yes ___ No ___

Telephone (cell) ____________________________ OK to leave message? Yes ___ No ___

E-mail address if you want to use e-mail: ____

Date of Birth: _______ Age: ______ Sex: ________

School attending:______________________________Grade in School: ___________________

Mother's name (or legal guardian): ________________________________ DOB:_______________

Phone #1 ___________________ Phone #2_________________ _____ Phone #3 ___________
home/cell/work Home/cell/work home/cell/work

Father's name (or legal guardian): ________________________________ DOB: _______________

Phone #1____________________Phone #2________________________Phone #3__________
home/cell/work Home/cell/work home/cell/work

Other members of household (include name, age, & relationship):

________________________________ ______________________________ ______________________

________________________________ ______________________________ ______________________

List any medical problems or physical symptoms:____

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List any medications that you are currently taking. ____

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Have you ever seen a counselor before? Yes / No

If yes, please rate past experience with counseling (Positive) 1 2 3 4 5 6 7 8 9 10 (Negative)

Please rate the severity of your concerns: (Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

What do you want to see happen as a result of coming here? ____________________________________

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Thank you for completing this form.