



PASSPORT, a program of
Kirby Creative Clinical Solutions, LLC
3929 Old Lee Hwy; Unit 92-D
Fairfax, VA 22030
703-409-2571
Tax ID # 27-2924949

Client Information

Name: _____ Date of Birth: _____

Address: _____ Preferred Pronouns _____

School: _____ Grade _____ Age _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

What are your strengths; what are you good at?

What are your hobbies? Activities? Things you like to do?

Who are your closest friends and what do you like to do when you hang out together?

What things are bothering you most in your life at this time?

What signs would tell you that things are getting better in your life?

Please list anyone we could talk to help us better understand what is going on and how we can help?

Parent / Guardian # 1

Name: _____ Relationship: _____

Address: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent / Guardian # 2

Name: _____ Relationship: _____

Address: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Referral Source: _____

Primary reason for seeking the support of the PASSPORT Program:

When did this concern begin? _____

What has been tried to resolve this concern? _____

Any Diagnosis: _____

Current Medications: _____

Family Information and History

Who lives in your home? (Include names, ages, and relationship to you) _____

Describe your relationship with each parent/caregiver. _____

Describe your relationship with each sibling. _____

List any family history of medical illnesses, mental illnesses, and/or substance abuse concerns.

List any current medications or diagnoses either parent is being treated for.

Blended, separated, or divorced families please complete the following:

When did the divorce/separation occur? _____

What was your initial reaction to the news? _____

How was custody arranged? _____

How often does you see the non-custodial parent? _____

Describe your relationship with each parent. _____

Please describe each parent's current situation in terms of significant other, remarriage, step children, etc. Provide names and ages for all relevant persons.

Describe your relationship with step-parents, stepsiblings, half-siblings, significant others.

Additional Information and Feedback
Social / Developmental

Please share anything you have heard about your mom's pregnancy, delivery and how you met developmental milestones such as walking and talking.

What were you like as a baby? _____

What were you like as a toddler? _____

What were you like in elementary school? _____

What were you like in high school? _____

List your hobbies, interests, and extracurricular activities. _____

Does you have a close group of friends? Yes ___ No ___

How would you describe your friendships? _____

Do you drive? Yes ___ No ___ Any traffic violations?

Do you date? Yes ___ No ___

Are you currently in a relationship with a significant other? Yes ___ No ___ If yes, how long? _____

Are you sexually active? Yes ___ No ___

Have you ever been pregnant or gotten someone pregnant? Yes ___ No ___

Describe your past and current use of tobacco, alcohol or other drugs? _____

Additional Information and Feedback
Medical / Mental Health

Have you had any serious medical issues, now or in the past? Yes ___ No ___ Please provide details.

Have you ever received mental health treatment before? Yes ___ No ___ If yes, please provide details.

Have you ever been hospitalized for emotional difficulties? Yes ___ No ___ If yes, please provide details

Have you ever talked about / attempted suicide or attempted self-harm, such as cutting? Yes ___ No ___

Have you ever threatened or attempted to seriously harm another person? Yes ___ No ___

Have you ever attempted to kill or seriously harm an animal? Yes ___ No ___

Have you ever attempted to start a fire or destroy property in any way? Yes ___ No ___

Have you ever been arrested or in trouble with the law? Yes ___ No ___

Additional Information and Feedback
Academic History

List the schools you have attended:

Name of School	City, State	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been retained or repeated a grade? Yes ___ No ___

Have you ever taken advanced placement classes? Yes ___ No ___

Did you have a 504 plan or an Individualized Education Plan (IEP)? Yes ___ No ___

If yes, please list school accommodations. _____

Have you ever been suspended or expelled from school? Yes ___ No ___ If yes, please list details _____

Have you ever had any previous psychological or educational evaluations? Yes ___ No ___ If yes, please summarize the findings. _____

Please provide a copy of all evaluations.

Any other information you'd like to provide:

