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CLIENT INFORMATION

Client's (Child)'s Name_____ Today's Date_____

Age_____Date of Birth_____ □ Male □ Female

Parent/Guardian Name(s) _____

□ Single □ Married □ Re-married □ Divorced □Widowed

If the rights of parent/guardian are determined by a court order, a copy of the most current legal custodial order is required prior to beginning services.

If parent is re-married, step-parents Name(s) _____

Is your home the child's primary residence? □ Yes □ No

Address_____City_____State_____Zip_____

E-mail_____

Home Phone_____Cell Phone_____Work Phone_____

Where would you like me to leave you messages □ Home □ Work □ Cell □ None

If there is an emergency at the office and we must cancel your appointment, where should we call?

□ Home □ Work □ Cell □ None

Employer – Mom_____Occupation_____

Employer-Dad_____Occupation_____

In the event of an emergency with or your child, whom shall we contact?

Name_____Relationship to Client_____

Work Phone_____Home Phone_____Cell Phone_____

Is your child currently in counseling elsewhere? □ Yes □ No

If yes, pleas describe? _____

Has your child ever received counseling or evaluation services? □ Yes □ No

If yes, please describe_____

Have you or your child ever been involved in any type of litigator □ Yes □ No

If yes, Please describe _____

How were you referred? _____

How did you find us? _____

Why are you seeking counseling? _____

ABOUT YOUR CHILD'S EDUCATION

Age_____ Grade _____ Nick Names _____ Failure or Held Back? _____

Current School _____

What do school personnel tell you about your child? _____

GRADE	SCHOOL	AVERAGE GRADES	CITY	STATE

ABOUT YOUR CHILD'S FAMILY

RELATIVES	NAME	AGE GRADE	DOES THE CHILD GET ALONG WITH THIS PERSON?	OCCUPATION
Father				
Mother				
Sister(s)				
Brother(s)				
Step Mother				
Step Father				
Step Sister(s)				
Step Brother(s)				
Who lives in the child's home?				

ABOUT YOUR CHILD'S ROUTINE

What kinds of physical exercise does your child get?

_____

How much coffee, cola, tea, or other caffeine does your child consume each day? _____

Is your child's eating restricted in any way? How? Why? _____

Bedtime _____ Wake-up time_____ Hours of sleep on average night? _____

Does your child have any problems getting enough sleep? Please describe fully_____

_____

ABOUT YOUR CHILD'S HEALTH

Who is your child's pediatrician? _____When was the last visit? _____

Any concerns shared by the doctor? _____

Describe any allergies your child has _____

List all medication or drugs your child takes or has taken in the last year including prescribed and over the counter

_____

_____

Starting with birth and proceeding up to the present, list all diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods, of loss of consciousness, convulsions/seizures, and any other medical conditions your child has had.

_____

_____

_____

Is there a history of mental illness in the child's family? If so, please explain.

_____

_____

Does any family member have current or chronic illness? If so, please explain.

_____

_____

Anything else you are concern about?

_____

_____

THESE QUESTIONS ARE IN REGARD TO OLDER CHILDREN

Is this child in gang? □ Yes □ No

Has this child used drugs □ Yes □ No

If Yes, describe which drugs, frequency, age at first use and amounts. _____

_____

Has this child ever been pregnant or fathered a child? □ Yes □ No

If yes, please tell what happened with each pregnancy. _____

_____

ABOUT YOUR CHILD'S SYMPTOMS

Please mark all of the items that apply to your child. Feel free to all "any others under any other characteristics."

- ☐ Accident-prone
- ☐ Affectionate
- ☐ Aggressive/assaults
- ☐ Anxious/nervous/timid
- ☐ Argues/defiant oppositional
- ☐ Breaks rules/law
- ☐ Bullied by others
- ☐ Bullies/bossy of others
- ☐ Cheats
- ☐ Clowns around
- ☐ Complains of feeling sick
- ☐ Conflicts at school
- ☐ Conflicts at home
- ☐ Conflicts with friends
- ☐ Conflicts with authority
- ☐ Cruel to animals
- ☐ Dawdles
- ☐ Dependent/clingy
- ☐ Depressed/sad
- ☐ Destructive
- ☐ Developmentally delayed
- ☐ Difficulty with parent(s)
- ☐ Partner
- ☐ Disorganized
- ☐ Distractible/daydreams
- ☐ Disrupts family activities
- ☐ Drug or alcohol use
- ☐ Eating Issues
- ☐ Failure in school
- ☐ Fearful/Shy
- ☐ Feelings are easily hurt
- ☐ Fidgety
- ☐ Fights
- ☐ Fire setting
- ☐ Forgetful
- ☐ Hair chewing
- ☐ Head banging
- ☐ Hitting/biting
- ☐ Hostile
- ☐ Hyperactive
- ☐ Hypochondriac
- ☐ Imaginary playmates
- ☐ Immature
- ☐ Inappropriate sexual
- ☐ behaviors/masturbation
- ☐ Inattentive
- ☐ Independent
- ☐ Inflicts pain on others
- ☐ Insults others
- ☐ Intimated by others
- ☐ irritable
- ☐ Isolates/withdraws
- ☐ Lacks concern for others
- ☐ Lacks motivation/
- ☐ procrastinates
- ☐ Lacks respect for authority
- ☐ Learning disability
- ☐ Legal difficulties
- ☐ Lethargic
- ☐ Likes to be alone
- ☐ Loss of friends
- ☐ Low frustration tolerance
- ☐ Lying/manipulates
- ☐ Moody
- ☐ Mute, refuses to speak
- ☐ Nail biting
- ☐ Needs much supervision
- ☐ Nightmares/terrors
- ☐ Noisy
- ☐ Noncompliant
- ☐ Only younger playmate
- ☐ Outgoing
- ☐ Overactive
- ☐ Overly sensitive/cries easily
- ☐ Picks on others/teases
- ☐ Pouts
- ☐ Refuses/resists/slow
- ☐ Responding
- ☐ Restless
- ☐ Rocking or repetitive movement
- ☐ Runs away
- ☐ Self-harming behaviors
- ☐ Sexualized behavior
- ☐ Sexually active
- ☐ Smokes
- ☐ Speech difficulties
- ☐ Stealing
- ☐ Stubborn
- ☐ Suicide talk or attempt
- ☐ Swearing talks back
- ☐ Temper tantrums/rages
- ☐ Ticks-movement or noises
- ☐ Truancy
- ☐ Uncooperative
- ☐ Uncoordinated
- ☐ Under-active
- ☐ Unhappy
- ☐ Violent

Any other characteristics? _____

MENTAL STATUS INFORMATION

Have you or your child ever attempted suicide or harmed yourself in any way? ☐ Yes ☐ No

Are you or your child currently thinking about suicide or harming yourself in any way? ☐ Yes ☐ No

Have you or your child had any thoughts, even once, in the past, including the past few days or weeks, of suicide or harming yourself in any way? ☐ Yes ☐ No

Are you or your child having any thoughts about harming anyone else in any way? ☐ Yes ☐ No

STATEMENT OF UNDERSTANDING

I solemnly swear that all of the above information is true to the best of knowledge

_____

Guardian's Signature Date

_____

Guardian's Signature Date