

Today's Date _____

Child Information Form

CHILD'S NAME _____ DATE of BIRTH _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Email address _____

Parents' / Guardians' Names and Relationships to Child _____

Is there a divorce decree? Custody determination? Please bring copy of legal records to initial session.

Person to contact in case of emergency _____

Emergency Contact Phone number: _____

Please list names, ages and relationship to child of any additional household members _____

Why are you seeking help for this child? _____

Who referred you to us? _____

Is the child currently receiving medical treatment? _____ Physician's Name: _____

List any prescription or non-prescription drugs the child is taking _____

List any significant medical history (including hospitalizations) _____

Has the child previously had counseling / therapy or psychiatric care? _____ When? _____

With whom? _____

To the best of your knowledge, has the child ever been physically or sexually abused? _____

Has CPS ever been involved? _____ If yes, when? _____

Do you have any firearms in your residence or on your property? Y N How are they secured? _____

Name of School _____ Grade Level _____

Is the child experiencing any problems in school (e.g., behavioral, academic, with peers)?

What is (are) the primary issue(s) bringing you to counseling?

Any recent stressors that the child or family has been experiencing? If so, please list:

What are your goals for counseling? What services are you interested in?

What are this child's strengths?

What are this child's challenges?

Please include names and contact information of any other treating providers (psychiatrist, therapist):

Do you have any questions or concerns about counseling that you'd like us to discuss today?

Is there anything else you'd like me to know before we get started?