CHILD/ADOLESCENT PERSONAL DATA

Name: ____ Date: ___________________

Home phone: __________________ Work phone: ___________________ Cell: ___________________

Street address: _____________________________ City: ________________________ Zip: _________

Age: _____ Birthdate: ______________ Ethnicity: __________________Religion: _________________

Mother's name: ____ Work phone: ___________________

Mother's email address: ____

Father's name: ____ Work phone: ___________________

Father's email address: ____

If divorced, separated, or unmarried, who has legal custody?___________________________________

If applicable, describe custody or visitation schedule: ____

Are there pending legal, custody, probation or court issues? Yes [ ] No [ ]

Referred to counseling by:____

Pediatrician name: ____ Phone: ___________________

School: ____ Phone: ___________________

Teacher or counselor: ____

Has child been in other counseling? Yes [ ] No [ ]

If yes, name: ____ Date: ___________________

Psychiatric hospitalization(s) (where/when/why): ____
____

Current medications/dosages (include over the counter):_____________________________________
____

TYPE OF HELP DESIRED:

[ ] Individual Counseling [ ] Group Counseling [ ] Family Counseling
[ ] Social Skill Group [ ] Substance Use/Abuse Treatment
[ ] Other ____

Major reason seeking help for child at this time: ________________________________
____
____

How long has the situation with the child been happening? ________________________
____
____

How often does the situation occur?________________________________
____
____

What was it that initiated you to seek help for the child? ________________________
____
____

What have you tried to resolve to the situation?________________________________
____
____

CHECK ITEMS BELOW THAT APPLY TO BEHAVIORS THAT FIT YOUR CHILD

[ ] Bed wetting
[ ] Does not get along
[ ] Excess interest in sex
[ ] Fears and/or avoids things
[ ] Harms self
[ ] Inability to pay attention
[ ] Inability to stay asleep
[ ] Involved in a gang
[ ] Nightmares/night terrors
[ ] Poor appetite
[ ] Poor relating to children
[ ] Self-stimulation sexually
[ ] Smokes tobacco or drugs
[ ] Temper tantrums
[ ] Twitches/unusual movements
[ ] Day dreams/fantasizes
[ ] Does not want caretaker out of sight
[ ] Expressing wish to die
[ ] Harms animals
[ ] Has rituals, habits, superstitions
[ ] Inability to sleep alone
[ ] Ingests alcohol and/or drugs
[ ] Lies
[ ] Over active
[ ] Poor relating to adults
[ ] Poor relating to adults
[ ] Sleepwalking
[ ] Steals
[ ] Tiredness/fatigue
[ ] Wants to/or runs away
[ ] Other:____

SCHOOL OR PRESCHOOL ADJUSTMENT

[ ] Usual learning ability [ ] Grades above average [ ] Grades average
[ ] Grades below average [ ] Resists going to school [ ] Refuses to go to school
[ ] Learning disabilities: ____
[ ] Speech therapy [ ] Difficulty reading [ ] Difficulty with math
[ ] Difficulty with spelling [ ] Difficulty writing [ ] Discipline problems
[ ] Repeated a grade ________ [ ] Disrupts class [ ] Inattention in class
[ ] Fighting [ ] Suspended [ ] Expelled
[ ] Home schooled [ ] Psychological testing [ ] School counseling
[ ] Frequent tardies [ ] Truant [ ] Missed a lot of school

ADJUSTMENT IN FAMILY

[ ] Follows rules [ ] Gets along [ ] Does chores
[ ] Good self-care [ ] Affectionate [ ] Joins in with family

Type of discipline used with child:____
____
____

Lists sports, activities, hobbies, and clubs child involved with: ______________________________
____

Who lives with child now?
Name Age Relationship
____
____
____
____

List any family members, living or dead who has had any emotional problems, mental problems, psychiatric treatment, depression, alcohol, etc.
Name Relationship Problem
____
____
____
____

List current or previous serious stressors in your family life:
Name Relationship Problem
____
____
____
____