Please provide the following information about your child.

Child's Name_____
(first) *(last)* *(preferred name)*

Date of Birth_____ *(include year)* Date of Initial Appointment _____

Child's Address _____
(street) *(city)* *(state)* *(zip code)*

PARENT OR GUARDIAN CONTACT

Parent or Guardian #1 _____ Phone _____

Parent or Guardian #2 _____ Phone _____

EMERGENCY CONTACT

In case of emergency, who may I contact on your behalf? _____
(name) *(phone)*

_____
(relationship to child)

GOALS AND PURPOSE

Briefly describe *your* reason(s) for seeking help at this time. _____

_____

_____

What goals *for yourself* do you wish to accomplish during the therapy process? _____

_____

_____

What goals do *you*, as a parent, wish to accomplish *for your child* during the therapy process? _____

_____

_____

What goals does *your child* wish to accomplish during the therapy process? (This can be different from the parent's response.) _____

_____

FAMILY HISTORY

Mother's Name_____ **Occupation** _____
Father's Name _____ **Occupation** _____
Stepparent's Name _____ **Occupation** _____
Stepparent's Name _____ **Occupation** _____

Child's parents are:

___ Married ___ Separated ___ Divorced ___ Widowed

If parents are divorced, separated, or widowed, please list dates. _____

Please list below the family members who the child lives with:

Household #1				**Household #2** *(if applicable)*		
Head of Household #1 _____				Head of Household #2 _____		
Name	Relationship to Child	Grade or Job		Name	Relationship to Child	Grade or Job

Who are your child's significant others NOT living with your child, in either household? *(Example: sibling away at college)* Please provide names and relationships.

_____
_____

Who in your family is your child closest to? _____

What are some of the strengths of your *family?* _____

Has anyone in the child's family been diagnosed with a mental illness? If yes, please describe. _____
_____
_____

Is there anything else that you think would be important for me to know about your child, you, or your family?
_____
_____
_____
_____

Name of parent or guardian completing form: _____

PSYCHIATRIC HISTORY

Is your child currently seeing another therapist? _____

Therapist's name and location _____

Has your child ever been in therapy in the past? _____

Past therapist's name and location _____

Date of treatment _____

Reason for treatment _____

Has your child ever had a psychiatric hospitalization? _____

If yes, describe briefly and indicate dates, location, and circumstances _____

_____

Is your child under the care of a psychiatrist? _____

If yes, psychiatrist's name and location _____

MEDICAL HISTORY

Please list any chronic illness, disabilities, medical conditions that your child has been diagnosed with and approximate date of illness:

Date:	**Condition:**	**Date:**	**Condition:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pediatrician's Name: **Pediatrician's Phone Number:**

_____ _____

List all medications and/or supplements your child is currently taking and dosage:

Medication:	**Dosage:**	**Medication:**	**Dosage:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION HISTORY

What school does your child attend? _____

Current Grade: _____ Teacher's Name: _____

Has your child ever repeated a grade? _____ If yes, which one(s)? _____

Favorite Subject: _____ Least Favorite Subject: _____

Does your child receive special education services? _____

Does your child receive tutoring services? _____

Is your child in a gifted/talented/honors program? _____

Does your child like school? _____

Has your child experienced any of the following at school?

- ☐ Fighting
- ☐ Suspension
- ☐ Lack of friends
- ☐ Gang influence
- ☐ Learning disabilities
- ☐ Incomplete homework
- ☐ Drugs/alcohol
- ☐ Poor attendance
- ☐ Behavior problems
- ☐ Detention
- ☐ Poor grades

Has your child been the victim of bullying or bullied other children? _____ If yes, please describe:

_____

_____

Please provide any other additional information regarding your child's education or developmental history that you find significant:

_____

_____

_____

_____

_____

_____

_____

OTHER HISTORY

Has your child ever experienced any type of abuse (physical, sexual, emotional)? _____ If yes, please describe:

_____

_____

Has your child ever made a statement of wanting to harm himself/herself or seriously hurt someone else?____

Has he/she purposely hurt himself/herself or another? _____

If yes to either of the above two questions, please describe the situation:

_____

_____

Has your child ever experienced any serious emotional losses (such as death or physical separation from a parent or caretaker)? _____ If yes, please explain and include child's age at the time: _____

_____

_____

Are there any behaviors that your child currently does too often, too much, or at the wrong time that get himself/herself in trouble? _____ If yes, please describe: _____

_____

_____

Are there any behaviors that your child does not do as often as you would like or when you would like? _____

If yes, please describe:

_____

_____

_____

Please list positive strengths of your child. (What do you like about your child? What do others like about your child?) _____

_____

_____

How would you describe your child's self-esteem? _____

_____

_____