Please fill out this form and bring it to your first session. Please note that information you provide here is protected as confidential information.

Client's Name: ________________________________________________________
(last) (first) (middle initial)

Parent/Guardian Name: _________________________________________________
(last) (first) (middle initial)

Parent/Guardian Name: _________________________________________________
(last) (first) (middle initial)

Client's Birth Date: ____/____/____ Age: ____ Gender: ____M ____F

Client's School: ________________________________________ Grade: ______

Client's address: _______________________________________________________
(street and number)

_____________________________________________________________________
(city) (state) (ZIP code)

Home Phone: ( ) - May we leave a message: Y / N

Cell/Other Phone: ( ) - May we leave a message: Y / N

Can I text you? Y / N

Email address ____________________________________ May we email you? Y / N
* Please note that email is not considered a confidential medium of communication

Client Social Security number: ____-____-______

Insurance Provider: _____________________________________________________

Insured ID or EAP#: ____________________________________________________

Referred by (if any): ____________________________________________________

**Family Information:**

Marital status of guardian(s) (circle one):

Married Never Married Divorced Domestic Partners Widowed

Please list all household members (name/age/relationship) ______________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have there been any recent changes in your household? If so, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Has there been a divorce in your family? If so, please describe the current custody arrangements:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is your family affiliated with a religion or spiritual belief? If so, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Academic and Social Information:**

Is your child/teen in any special programs, such as special education, speech therapy, gifted or talented programs, or school counseling? If so, which ones?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Do you have any concerns about your child's/teen's academic performance? _________

______________________________________________________________________________

______________________________________________________________________________

Is your child's/teen's behavior at school an issue? Please describe if so. _____________

______________________________________________________________________________

______________________________________________________________________________

Do you have concerns about your child's/teen's social abilities? Please describe if so.

______________________________________________________________________________

______________________________________________________________________________

Has your child/teen had any educational, psychological or neurological testing? If so, please describe:

______________________________________________________________________________

______________________________________________________________________________

Has your child/teen experienced the following?

_____ Being bullied   _____ Bullying others   _____ Loss of friendships

_____ Academic discipline? (If so, what kind? ______________________________)

_____ Change in school setting, teacher or child care setting

Any other possible stressors?

______________________________________________________________________________

**Medical Information:**

Has your child/teen ever received any occupational, physical or speech therapy? If so, please describe: ____________________________________________________________

____________________________________________________________

How would you rate your child's/teen's current physical health (please circle)?

Poor Unsatisfactory Satisfactory Good Very Good

How would you rate your child's/teen's current sleeping habits (please circle)?

Poor Unsatisfactory Satisfactory Good Very Good

Please list any difficulties your child/teen experiences with appetite or eating patterns:

____________________________________________________________

____________________________________________________________

Is your child/teen currently being treated for any medical conditions? If so, by whom?

____________________________________________________________

____________________________________________________________

Is your child/teen currently taking medication? If so, please list:

____________________________________________________________

____________________________________________________________

Was there anything unusual about your child's/teen's prenatal history or birth history?

____________________________________________________________

____________________________________________________________

**Mental Health**

Have you sought therapy for your child/teen before? If so, please describe:

Is or has your child/teen ever taken psychiatric medications? If so, please list:

Has your child/teen or any family members struggled with any of the following:

| | Child, Current | Child, Past | Mother | Father | Sibling | Other |
|---|---|---|---|---|---|---|
| Depression/Sadness | | | | | | |
| Anxiety/worry | | | | | | |
| Panic attacks | | | | | | |
| Obsessions or Compulsions | | | | | | |
| Suicidal thoughts | | | | | | |
| Attempted suicide | | | | | | |
| Learning disabilities | | | | | | |
| ADD/ADHD | | | | | | |
| Anger problems | | | | | | |
| Defiance/oppositiona l | | | | | | |
| Schizophrenia or other psychosis | | | | | | |
| Alcohol use | | | | | | |
| Drug use | | | | | | |
| Eating disorder | | | | | | |
| Abused in any way | | | | | | |

| | Child, Current | Child, Past | Mother | Father | Sibling | Other |
|---|---|---|---|---|---|---|
| Other: ________________ | | | | | | |

**Parenting**

What form(s) of discipline do you use when your child/teen misbehaves?

______________________________________________________________________

______________________________________________________________________

How effective is your discipline when correcting or modifying your child's/teen's behavior?

______________________________________________________________________

______________________________________________________________________

**Recreation**

How does your family spend free time?

______________________________________________________________________

______________________________________________________________________

Please check the following activities in which your child/teen has participated in the last month:

_________ Exercised/played a sport? How frequently? _________

_________ Played with friends outside of school? How frequently? _________

_________ Engaged in group activities outside of school? What activities? _________

_________ Read or was read to? How frequently? _________

_________ Watched TV? How much? _________

**Stressors**
**Has your family experienced any of these in the past year?**

_________ Death in the family
_________ Death of a close friend
_________ Serious injury/illness of the child/teen
_________ Serious injury/illness of a loved one
_________ Family fighting
_________ Marital problems
_________ Divorce or separation
_________ Marital reconciliation
_________ Problems with childrearing
_________ Moved to new home
_________ Son or daughter has left home
_________ Conflict with in-laws
_________ Change in job: new position/company, quit/lost job, etc.
_________ Change in financial status
Other: ______________________________________________________________

**Child's or teen's strengths:**

How would you describe your child's or teen's personality?______________________

_____________________________________________________________________

_____________________________________________________________________

What are your child's/teen's favorite activities? ______________________________

_____________________________________________________________________

_____________________________________________________________________

What do you like best about your child/teen? _________________________________

_____________________________________________________________________

_____________________________________________________________________

**Goals for Therapy**

What would you like to be better or different for your child/teen after therapy? _________

______________________________________________________________________________

______________________________________________________________________________

What are your goals and hopes for your child/teen in therapy? ____________________

______________________________________________________________________________

______________________________________________________________________________

How would you know if things were getting better for your child/teen? ______________

______________________________________________________________________________

______________________________________________________________________________

**Emergency Contact Information (NOT biological parents/foster parents/guardian)**

Name: _______________________ Relationship: _______________ Phone: ______

Name: _______________________ Relationship: _______________ Phone: ______