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Child Client Information Form

Today's date: _____

Note: If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your child's name: _____ Date of birth: _____ Age: _____ Grade: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ May we contact you at this number? YES NO

Cell phone number _____ May we contact you at this number? YES NO

E-mail address: _____

May we contact you at this e-mail address? YES NO

B. Referral: Who referred you to my office?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? • Yes • No

How did this person explain how I might be of help to you? _____

C. Your child's medical care: From whom or where does your child get his/her medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If your child enters treatment with me for counseling, may I tell his/her medical doctor so that he/she can be fully informed and we can coordinate your child's treatment? • Yes • No

In the event of an emergency, may I contact your child's medical doctor and disclose necessary information so that he/she can be fully informed and we can coordinate your child's treatment? • Yes • No

D. Parents' Marital Status

Are the child's parents: Married _____ Divorced _____ Never Married _____

If the parents are divorced, give the month and year the divorce was granted _____

Are both parents named as Joint Managing Conservators in the Divorce Decree? Yes No

Does either parent have primary physical custody of the child? Yes No

With whom does the child currently live? _____

Is either parent remarried? If so, please explain. _____

Have either parent's parental rights been terminated by a court? Yes No

Have either parent's rights to consent to treatment or obtain records of treatment been limited or restricted by a Court Order? Yes No If the answer is "Yes," please explain: _____

NOTE: A COPY OF THE PARENTS' DIVORCE DECREE OR APPLICABLE COURT ORDER MUST BE PROVIDED BEFORE ANY SESSIONS WITH THE CHILD WILL BE SCHEDULED.

E. Family Members (list those living in home with your child):

Name	Age	Sex	Grade	Relationship to child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. Medications:

Name of Medication?	Dosage/Mg?	Frequency?

G. Any problems or concerns about your child’s medications? ___ Yes ___ No

(If yes, have you talked to the prescribing physician?) _____

H. Emergency Contacts:

List the name(s) of the person(s) who may be contacted by this office in the event of an emergency involving your child. Please be aware that the person(s) listed may receive information in an emergency situation that would otherwise be confidential by law. By listing the name(s) below, you give this office permission to contact the person(s) listed and provide necessary information about your child in the event of an emergency.

I. Chief Concern(s): Please describe the main difficulty that has brought your child to see me:

J. Has your child ever received counseling services before? ___No ___Yes. If yes,

When?	With Whom?	For What?	With What results?

K. Abuse History? ___My child was not abused in any way. ___My child was abused (sexual, physical, emotional, neglect) If your child was abused:

Age of Abuse	Who did it?	Whom did you tell?	Consequences of telling?

L. Child Developmental History:

- Pregnancy and delivery: ___normal ___caesarian ___breech ___ premature ___other complications
- The first few years of life: Breast-fed? _____ If so, for how long? ___ Any allergies? _____
Sleep patterns or medical problems: _____
- Milestones: At what age did this child do each of these?
Sat without support: _____ Crawled: _____
Walked without holding on: _____ Helped when being dressed: _____
Ate with a fork: _____ Stayed dry all day: _____
Didn't soil his/her pants: _____ Stayed dry all night: _____
Dressed self completely: _____
- Speech/language development
Age when child said first word understandable to strangers: _____
Age when child said first sentence understandable to a stranger: _____
Any speech, hearing, or language difficulties? _____

M. Health

List all childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

N. Residences Outside your home? (Examples would be Foster Care, Residential Placement, etc) ___ **No** ___ **Yes** (If yes please complete below):

From	To	Location	Reason for moving	With whom	Any problems?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

O. Schools

School (Name, district, address, phone)	Grade	Age	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any concerns about progress in school? ___ Yes ___ No If yes, please list : _____

