

**Identifying Information:**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**AGE:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**RACE:** \_\_\_\_\_ **GENDER:** M / F  
**RELIGION/CULTURAL:** \_\_\_\_\_

**PARENT INFORMATION (List Parents / Legal Guardians)**

Name:	Name:
Relation (Mother/Father):	Relation (Mother/Father):
Address:	Address:
County:	County:
Phone - home:	Phone - home:
Phone - cell:	Phone -cell:
Phone - work:	Phone – work
Type of work:	Type of work:

**Who recommended you here / REFERRAL SOURCE:**

Who is with you today?

Has your child had any recent evaluations? Yes / No If yes, what type and from who? (please describe):

Do you have a copy of child's most recent evaluation? Yes / No

Does your child already have a diagnosis? Yes / No If yes - what ? \_\_\_\_\_

Do you have any questions about the diagnosis? (previous/current/second opinion)

Is there anything you want to find out today?

Current Strengths (List current strengths)

What are the current problems or concerns?

Does your child exhibit any High Risk Behaviors? Yes / No If yes, describe:

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**D. Who is in living in the home?**

Name	Age/grade	Relation

Describe any medical problems(chronic illnesses, hospitalization, new diagnosis)

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List any medications your child/teen is presently receiving (name of drug(s) and dosage/ times when given):

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Please indicate any difficulties your child/teen has had with the following:

Toileting       In the past     Currently     Never  
Eating          In the past     Currently     Never  
Sleeping        In the past     Currently     Never

**Community:**

Describe CURRENT community activities (ex. Band, sports, church, etc) Does your child have any problems in this area?

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**Peer Relationships:**

Describe child's CURRENT friends or other important relationships? Does your child have any problems interacting with others?

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**Drug and Alcohol:**

Any CURRENT concerns Yes / No If yes, describe:

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**Trauma History:** Has your child experienced any traumas that are effecting their mood/behavior? Yes / No If yes , describe:

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**Legal:** Has your child had any legal involvement? (ex: / Parents divorced/separated, CYF involvement, involved with the juvenile system, out of home placement of any kind, etc. )

If yes, describe:

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**Educational History:**

Current School:

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Grade:

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School address:

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School district:

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Name of classroom teacher:

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Telephone number of school:

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Attended pre-school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Attended kindergarten? \_\_\_\_\_ Yes \_\_\_\_\_ No  
In special classes? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Type of classes? \_\_\_\_\_ When? \_\_\_\_\_  
Repeated grade(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when: \_\_\_\_\_

Has your child had any psychological testing at school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please attach a copy of the report or have a copy sent to us.)

Does your child have any behavior or learning problems at school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any suspensions/detentions in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you or your child been involved in any type of counseling or mental health services previously? Yes / No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, were services helpful – if so how? If not – how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it ok to email you? \_\_\_\_\_ (initial if yes)

Email : \_\_\_\_\_ for (mom/dad) \_\_\_\_\_  
Circle or list

Email : \_\_\_\_\_ for (mom/dad) \_\_\_\_\_  
Circle or list

Please list or describe below anything else you feel is important for me to know.