

CHILDREN FORM

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Informed Consent form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any questions, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

CHILD'S NAME:	MALE/F	EMALE:	DATE:	
DATE OF BIRTH:		AGE:		
ADDRESS:				
TELEPHONE: Home:	Cell:		Other:	
FOR ROUTINE MESSAGES: Phone #	E-ma	il:		
FOR CONFIDENTIAL/PRIVATE MESSAG	GES: Phone#	E-mail: _		
CURRENTLY: Lives with	Parent/Guardian Nar	me:	Years:	
OCCUPATION/SCHOOL:				
HIGHEST GRADE/DEGREE:	TYPE OF DE	GREE:		
PERSON & PHONE NO. TO CALL IN EM	IERGENCY:			
REFERRAL SOURCE:				
PRESENTING PROBLEM (be as specific	as you can: when did it start	t, how does it a	affect your child):	
Estimate the severity of above proble		e - Severe -	Very severe	
MEDICAL DOCTOR/S (name/phone): _				

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):
SPECIFY MEDICATION your child is presently taking and for what. Please PRINT clearly:
SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe ages, reasons, circumstances, how, etc.):
FAMILY MEDICAL HISTORY (describe any illness that runs in the family: cancer, epilepsy, diabetes, etc.):
SPIRITUALITY (describe quality, frequency, activities, etc.):
PAST/PRESENT Mental Health Treatment: (specify: month & year(s) beginning to end; estimate number of sessions; name, degree, address and phone number of therapist(s); initial reason for therapy; Individual/Couple/Family/Group; medication prescribed; brief description of the relationship with therapist and how helpful it was, and why it ended): 1
USE THE TOP OF PAGE 3 AND/OR THE BACKSIDE IF NEEDED TO INCLUDE MORE INFORMATION ABOUT PSYCHOTHERAPISTS

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DESCRIBE YOUR CHILD'S CHILDHOOD IN GENERAL (Relationships with parents, siblings, peers, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):
IF PARENTS DIVORCED: Child's age at the time: Describe how it affected your child at the tim
CHILD'S SUPPORT SYSTEM: (Do you feel your child has adequate support from family/friends, etc): Yes/No – Explain: FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):
IS YOUR CHILD INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT, OR DIVORCE OR CUSTODY DISPUTES? (If you answer YES, please explain):
What gives your child the most joy or pleasure in life?
What are your child's main worries or fears?