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## Client Information Form

CHILD / ADOLESCET

*Please use the other side of these pages anywhere you need more space to answer.*

Date of 1st Visit
_____

Name of child _____

Sex: (M)_____(F)_____

Birth date _____Place of birth _____ Age _____

Education (grade) _____ Present School _____

Home/Mailing address_____

Parent's Names
_____

Home telephone(s)
_____

Mom cell phone _____ Dad cell phone _____

### Culture

Please describe your child as fully as you feel comfortable.

(Check as many as apply.)

Gender:
__Male
__ Female
__ Transgender (self def, not based on sexuality)

Ethnicity:
__ African American
__ Alaskan Native
__ Arab American

__ MTF
__ FTM
__ Transsexual (identifies w/ opposite sex)
__ Intersex (characteristics of both sexes)
__ Other: _____

__ Asian American
__ Chicano/a, Latino/a, Hispanic
__ Multi-racial
__ Native American
__ Pacific Islander
__ White/European American
__ Other: _____

Sexual Orientation:
__ Heterosexual
__ Gay or lesbian
__ Bisexual
__ Questioning

Relationship Status:
__ Single
__ Engaged
__ Other: _____

Does your child have a disability? __ Yes __ No Please specify if 'yes':

What is your child's religious/spiritual upbringing?

**Family**

Mother – Relationship to child ____ natural parent _____ relative
____ step-parent _____ adoptive parent

Occupation
_____

Education _____ Religion
_____

Birthplace _____ Birthdate
_____

Age _____

Father – Relationship to child ____ natural parent _____ relative
____ step-parent _____ adoptive parent

Occupation
_____

Education _____ Religion _____

Birthplace _____ Birthdate _____

Age _____

Marital History of Parents:

Natural Parents: ___ married when age _____ _____
___ separated
___ divorced

**Current Family:** (family and others who live in your child's current household. Please list any physical or mental health concerns).

**Family History:** (biological/ adoptive mother / father, brothers/sisters. Please list any physical or mental health concerns).

If your child's caregivers have separated, please let me know how old they were then.

If either parent has remarried, please describe who remarried and your child's age at the time.

## Counseling History

Has your child and/or your family been in psychotherapy before? If yes, how long and for what reason? Please describe how it was helpful/unhelpful.

Daily functioning – how is your child's sleep? Eating?

Please rate your child's level of stress from 1-10 (1 being lowest, 10 highest rate).

Where / when is stress felt? (with parents, peers, at home, school, etc).

**Chief Complaint:**

Presenting Problems: (check all that apply)

___ very unhappy
___ irritable
___ temper outbursts
___ withdrawn
___ daydreaming
___ fearful
___ clumsy
___ overactive
___ slow
___ short attention span
___ distractible
___ lacks initiative
___ undependable
___ peer conflict
___ phobic
___ impulsive
___ stubborn
___ disobedient
___ infantile
___ mean to others
___ destructive
___ trouble with the law
___ running away
___ self-mutulating
___ head banging
___ rocking
___ shy
___ strange behavior
___ strange thoughts
___ fire setting
___ stealing
___ lying
___ sexual trouble
___ school performance
___ truancy
___ bed wetting
___soiled pants
___eating problems
___sleeping problems
___ sickly
___ drugs use
___ alcohol use
___ suicide talk

Explain:

How long have these problems occurred? (number of weeks, months, years)

What happened that makes you seek help at this time?

Problems perceived to be: ____ very serious ____ serious ____ not serious

Has your child ever been on probation? _____yes _____no
Please list when (From – To) and the reason on probation.

What are your expectations of your child?

What does discipline look like in your family? What works (grounding, chores, incentives, etc)?

What changes would you like to see in your child?

What changes would you like to see in yourself (parent)?

What changes would you like to see in your family?

## Physical & Emotional Health

Does your child have any physical health concerns? Please list surgeries, medication history (dates & ages). Please use other side if necessary.

Is your child currently on medication? If yes, please list the medications, the reason, and how they are each helpful.

Has your child been hospitalized for depression or other emotional distress?

Has your child been in any car accidents? If yes, please list the dates.

Does your child have any allergies? If yes, what types?

Has your child ever experienced:

Physical abuse? __Yes __ No
Emotional/Psychological abuse? __Yes __ No
Sexual abuse? __Yes __ No

Can you give me some details?

Were there other traumatic events that occurred in your child's life?

List time of year and how old your child was when significant people in his/her life passed away.

Has he/she ever considered suicide? __ Yes __ No
Has he/she ever attempted suicide? __ Yes __ No
Did he/she have a plan? __ Yes __ No
Does he/she feel suicidal now? __ Yes __ No

Please describe the following: (child/adolescent's use)

| | times/week | amount |
|---|---|---|
| Alcohol | _____ | _____ |
| Tobacco | _____ | _____ |
| Recreational drugs | _____ | _____ |
| Type(s): | | |

What is your personal stance on children / adolescents use of drugs / alcohol?

Has your child been treated for substance abuse or other addictive behavior?
__ Yes __ No

If yes, please describe the nature of the addiction, and the location & dates of treatment.

How often does your child exercise & what kind of exercise does he/she do?

## Education

How has school been for you child?

Type of classes (regular, AP, learning disability)

Did he/she ever skip a grade? _____

Did he/she ever repeat a grade? _____

Favorite subject:

Least favorite subject:

In school, how many friends does your child have?
_____ a lot _____ a few ____ none

What are your child's educational aspirations (go to college, grad from HS, quit school).

Has you child ever been employed? _____yes _____no

Where did he/she work and for how long?

## Personal Interests

What are your child's special interests, hobbies & skills?

Why do you think art therapy might be a good fit for your child?