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Client Information (Parent for Child)

Child's name: _____ Birth date: _____ Grade Level: ____ ☐M☐F

If parents are not living together:
Child's legal custodian/guardian(s) is/are: _____
Describe physical custody: _____

Mother's Name: _____ Age: _____
Mother's Address: _____City: _____ State: ____ Zip: _____
Phone (Home)_____ (Cell)_____ (Work)_____
Occupation_____ Employer_____
Mother's Marital Status: ☐ Married ☐ Engaged ☐Widowed ☐Divorced ☐Separated ☐Live with Partner ☐Other

Father's Name: _____ Age: _____
Father's Address: _____City: _____ State: ____ Zip: _____
Phone (Home)_____ (Cell)_____ (Work)_____
Occupation_____ Employer_____
Father's Marital Status: ☐ Married ☐ Engaged ☐Widowed ☐Divorced ☐Separated ☐Live with Partner ☐Other

Family Composition

Who currently resides in the same house as the child? Please include everyone including any half/step brothers and sisters as well as other related or unrelated people.

	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Mental and Physical Health

Has your child had any counseling before? ☐Yes ☐No
Counseling/Therapist Names: _____
Dates To / From: _____ Diagnosis and Outcome: _____
_____

Date of Last Medical Exam ____ / ____ /____ Please rate child's health ☐Excellent ☐Good ☐Average ☐Poor
Your health concerns for child are:

_____

Is your child on medication? If yes, what kind(s)_____

Has your child received other services for conditions he or she has? ☐Yes ☐No

_____

_____

_____

_____

Related Safety Issues

Does your child have an addiction? ☐Yes ☐No ☐Uncertain
Does anyone else in the home have an addiction? ☐Yes ☐No ☐Uncertain
Is there violence in the home? ☐Yes ☐No ☐Uncertain
Has your child had any trauma or abuse? ☐Yes ☐No ☐Uncertain

_____

_____

_____

_____

_____

_____

_____

Has your child ever been arrested or taken into (or investigated for) child protection? ☐Yes ☐No

_____

_____

_____

_____

In case of emergency, we should notify:

Name: _____Address: _____
Relation: _____City: _____ State: ____ Zip: _____
Telephone (Home): _____ (Cell):_____(Work): _____

Briefly answer the following questions. Use back or extra pages if needed.

What concern caused you to bring your child in for counseling?

_____

_____

_____

_____

_____

What has been done about your concern up to this present time?

Has anyone in the family experienced similar problems?

Describe what has happened *recently* that led you to seek counseling *now*?

How do you hope your counselor can help you or your child with your concern?

What would you see that would let you know counseling has made a difference?

How would your child describe the problem?

What is the current family situation?

If there are step parents, or a parent with a significant other, how do they relate to the child?

How do the parents relate to each other?

What is the parents' style of discipline? Do they agree on discipline?

What disagreements do the parents have about this child?

What are your expectations for this child?

What are your hopes for this child?

What is your assessment of the child's personality? For example, strengths, weaknesses, attachment, social ability

How is the child different from other members in the family?

How does the child handle stress?

_____

_____

_____

List other people who play an important part in your child's life today.

Name	Gender	Current Age	Relationship to your child

Is there any other information that you think we should know?

_____

_____

_____

_____

PLEASE CHECK ANYTHING YOUR CHILD HAS GONE THROUGH IN THE LAST 12 MONTHS

☐Divorce of Parents
☐Separation of Parents
☐Remarriage of Parents
☐Death of important person
☐Death of pet
☐Child's injury or illness
☐Change in other family member's health
☐Pregnancy
☐Sexual Abuse
☐Addition to family
☐Brother or sister leaving home
☐Trouble with parent's in-laws
☐Change of financial status of parents
☐Parent begins or ends work
☐Parent fired from work or out of work
☐Change in parents work hours, conditions
☐Foreclosure of parent's mortgage or loan
☐Parent jail term
☐Bed-wetting
☐Fecal Incontinence
☐Outstanding personal achievement
☐Other positive event
☐Starting or finishing school
☐Change in living conditions
☐Change in personal habits
☐Change in residence
☐Change in schools
☐Change in recreational habits
☐Change in religious or ethnic activities
☐Change in social activities
☐Change in sleeping habits
☐Change in number of family gatherings
☐Change in eating habits
☐Vacation
☐School holidays
☐Minor violation of the law
☐Other

_____

_____