



**Christian Perspective
COUNSELING**

Information Form For Children

To help with your child's first session, please fill out the following information as completely as you can.

Date _____ Child's Birthdate _____ Child's SSN _____

Name of Child _____
First Middle Last

Parents' Names _____
Father Mother
Step-father Step-Mother

Address _____
Street City State Zip

Phone Number (____) _____ E-Mail Address _____

Referred By _____
Name Relationship

Person responsible for the bill: same as above or:

Name _____

Address _____
Street City State Zip

Phone Number (____) _____

Emergency Contact

Name _____
Relationship

Address _____
Street City State Zip

Phone Number (____) _____

Family Information

Father's Occupation _____ (_____) _____
Phone Number

Mother's Occupation _____ (_____) _____
Phone Number

List all household members by name, age, and relationship:

1. _____
Name Age Relationship

2. _____
Name Age Relationship

3. _____
Name Age Relationship

4. _____
Name Age Relationship

5. _____
Name Age Relationship

6. _____
Name Age Relationship

Are your child's parents separated, divorced, or unmarried? yes no

Does your child see the other parent? yes no

If separated or divorced, please indicate the year and nature of the separation. _____

Briefly describe your child's relationship with the other parent. _____

Briefly describe your own relationship with the other parent. _____

Briefly describe your child's relationship with step-parent (if applicable). _____

Church Membership _____

How often does the family participate in some type of religious activity? _____

Briefly describe your family's spiritual life. _____

Has your child or any member of your family ever had counseling before? yes no
If yes, describe and list counselor. _____

What concerns you most about your child? _____

When did the problem start or when did you first notice it? _____

Has your child's eating or sleeping habits changed? yes no
If yes, explain. _____

What would you like your child to get out of counseling? _____

What have you tried so far? _____

Describe your child's personality (focus on strengths). _____

What physical and/or psychological stressors have occurred in your child's life (i.e., moves, separations, deaths, abuse, etc.)? List the age at which each event occurred. _____

How does your child react to stress? _____

Has anyone in the extended family had a similar personality and/or problems? yes no

If yes, explain. _____

Does either parent use alcohol or drugs? yes no

If yes, describe frequency and type. _____

Medical Information

Is your child taking any prescription drugs at this time? yes no

If yes, list them below:

1.	_____	_____	_____	_____	_____
	Name	Dose	Frequency	Indication	Compliant? (Y/N)
2.	_____	_____	_____	_____	_____
	Name	Dose	Frequency	Indication	Compliant? (Y/N)
3.	_____	_____	_____	_____	_____
	Name	Dose	Frequency	Indication	Compliant? (Y/N)
4.	_____	_____	_____	_____	_____
	Name	Dose	Frequency	Indication	Compliant? (Y/N)

Prescribing Psychiatrist (if applicable) _____ (_____) _____
Phone Number

Primary Care Physician _____ (_____) _____
Phone Number

Does your child have any speech difficulties? yes no

Does your child have any physical handicaps? yes no

Does your child have any hearing or vision difficulties? yes no

If yes to any of the above, explain. _____

Does your child have any special fear? yes no

If yes, explain. _____

School Information

At what age did your child enter school? _____

Did your child attend nursery school? yes no

Has your child skipped any grades? yes no

Has your child repeated any grades? yes no

Name of Current School _____ Grade _____

List any previous schools:

1. _____
Name Years Attended

2. _____
Name Years Attended

3. _____
Name Years Attended

4. _____
Name Years Attended

How often does your child read? none seldom average frequently

What is your child's opinion of reading? _____

When your child is doing homework, do you help them? yes no

If yes, what is the nature and duration of the help? _____

What subject does your child like best? _____ Least? _____