LIVING WELL COUNSELING CENTER

5 SHEEP DAVIS RD. STE. G PEMBROKE, NH 03275

Living Well Counseling Center

Child Information Form

Child's Name _____ DOB _____

Age _____

1st Legal Guardian: _____ DOB: _____

Address (City, State and Zip):_____

Marital Status:_____ Male___ Female___

Primary Phone Numbers: H(____)_____ (____)_____

OK to leave a message at this number?_____

Email Address:_____

2nd Legal Guardian:_____ DOB: _____

Address (City, State and Zip):_____

Phone:
H(____)_____W(____)_____C(____)_____

OK to leave a message at this number?_____

Email Address:

Parents:___Married___Separated___Divorced___Never married/together___Never married/not together

What is the current legal custody arrangement?

Please describe concerns (if any) with family relationships:

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Please briefly describe your biggest concern for your child and goals for therapy (please the use back of this sheet if you need more room):

Current symptoms and concerns: please circle those that apply and add on reverse

Aggression, physical	**Destructive to property**	**Memory Impairment**
Aggression, verbal	**Fatigue/loss of energy**	**Nightmares**
Angry outburst	**Fire setting**	**Obsessive thought**
Anxiety	**Guilt**	**Pacing**
Appetite change	**Hopelessness**	**Panic attacks**
Attention issues	**Hyperactivity**	**Perfectionism**
Avoidance	**Impulsive**	**Running away**
Binge Eating	**Decrease in Interests**	**Fatigue/Tired**
Poor concentration	**Self-harming behaviors**	**Sleep problems**
Crying	**Wetting/soiling:**	**Life transition/change**
Confused	**Intrusive thoughts**	**Suicidal thoughts/actions**
Low self-esteem	**Isolation**	**Worrying**
Substance use	**Lying**	**Other:**
Depressed mood	**Low energy**	

Any past or current delusions or hallucinations? ___Y___N
If yes, please describe:

Any past or current suicidal ideations/plan: ___Y___N
If yes, please describe:

Any past or current emotional, physical or sexual abuse and/or emotional, physical neglect?___Y___N
If yes, please briefly describe:

Has your child met with a therapist previously?___Y___N
If yes, please provide dates and brief description of treatment:

Please describe your child's friendships outside of the family (peers at school, extended family members etc.):

What are your child's strengths?

What are your child's interests and favorite activities (sports, music, etc)?

Has your child had any psychological testing? ___Y___N
If yes, please provide dates, reasons and results of the testing:

Please list any family member (current or family of origin) who have had mental health or substance abuse problems:

Educational History:

Current School (including the town): _____Grade: _____

What are your child's typical grades in the following subjects:

English _____ Math _____ Science _____ History/Social Studies _____

Have there been any recent changes in your child's school performance?___Y___N
If yes, please describe:

Do teachers express any concerns about your child's emotions, behavior or relationships at school:___Y___N
If yes, please describe concerns:

Does your child have an Individual Education Plan, a 504 Plan, or does he/she receive any other form of special educational services?___Y___N
If yes, please describe:

Medical History:

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How would you rate your child's current physical health?

___Poor___Unsatisfactory___Satisfactory ___Good ___Very good

Child's physician: _____Phone:_____

Date of last physical: _____

Have there been any medical problems other than normal childhood illnesses?
If yes, please describe:

Is your child currently under the care of a doctor?___Y___N
If yes, please describe:

Does he/she presently take any medication?___Y___N
If yes, please list the names of the prescriber, medications and dosages, as well as the length of time the child has taken this medication and his/her response (benefits/side-effects) of taking it.

Religious background and affiliation if any (please describe current involvement)

How were you referred to me?

Anything else you would like me to know:

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_____

Name of person filling out this form Date

_____

Relationship to child