

Client Information Form for Children

Note: If you were a patient here before, please fill in only the information that has changed.

A. Identification

Date: _____

Child's Name: _____ Date of birth: _____

Address: _____

B. Chief concern

Please describe the main difficulty that has brought your child to see me:

C. Treatment

1. Has your child ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No Yes If yes, please indicate:

When? _____ From whom? _____ For what? _____

What was helpful? _____

What was NOT helpful? _____

2. Has your child ever taken medications for psychiatric or emotional problems? No Yes If yes, please indicate:

When? _____ From whom? _____ For what? _____

With what results? _____

D. Relationships in child's family of origin.

Please describe the following:

1. How would you describe your relationship with any other parent, step parent, or other significant caregivers? (Examples: loving, hostile, cooperative, workable, alienated, warm, non-existent, etc.):

2. How does your child relate to each parent / caregiver? (close, distant, affectionate, hostile, etc):

3. Is there any family history of medical problems, drug or alcohol use, and mental or emotional difficulties? If so, please indicate the type of problem and who in the family has encountered it:

4. Your child's relationship with any siblings and / or step-siblings:

5. How does your child get along with peers?

H. Legal history

1. Are you presently suing anyone or thinking of suing anyone regarding any issues pertaining to your child? No Yes. If yes, please explain:

2. Is your reason for bringing your child to see me related to an accident or injury? No Yes If yes, please explain:

3. Are you required / encouraged by a court, the police, school, CPS, or a probation/parole officer to have this appointment? No Yes. If yes, please explain:

4. Are you considering challenging any current custody arrangements? If so, please explain:

I am happy to work with children who may be experiencing custody issues or challenges. However, please be aware that I do NOT do custody assessments or provide information or opinions to the courts regarding custody.

6. Are there any other legal involvements I should know about (example: arrest history or crimes experienced or witnessed by child)?

E. Abuse history:

My child was not abused in any way. My child was abused.

If your child has been abused, please indicate the following. For kind of abuse, use these letters:

P = Physical, such as beatings.

DV = Exposure to domestic violence

S = Sexual, such as touching/molesting, fondling, or intercourse.

N = Neglect, such as failure to feed, shelter, or protect.

E = Emotional, such as humiliation, etc.

Child's age when abuse occurred	Kind of abuse	By whom?	Effects on child?	Who was told?	Consequences of telling?

I use a variety of therapeutic methods, which I adapt to fit the individual / family. Please indicate which of the methods below you think your child / family might be interested in or open to (feel free to put a star by any that your child / family may be especially interested in):

- | | |
|--|--|
| <input type="checkbox"/> Talking / verbal therapy | <input type="checkbox"/> Writing / Journaling |
| <input type="checkbox"/> Guided imagery / stress reduction | <input type="checkbox"/> EMDR |
| <input type="checkbox"/> Experiential therapy: psychodrama, drama therapy, etc | <input type="checkbox"/> Play therapy (for children) |
| <input type="checkbox"/> Art / Sand tray | <input type="checkbox"/> Other _____ |

I. Other

Is there anything else that is important for me as your child's therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:

Please do not write below this line.

J. Follow-up by clinician

Based on the responses above and on interview data records I reviewed other information I have asked the client to complete and/or I have completed the following forms:

Chemical use survey Suicide risk assessment summary and recommendations Mental status evaluation report

Other:

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