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Child/Adolescent Background Information

Please answer all of the information as completely as possible. Information given is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed.

Child's Name: _____ Date of First Visit _____

Completed by: _____ Relationship to Child: _____

Home Phone: _____ (May call: Yes No May Leave Message: Yes No)

Child's Address: _____
Address City Zip Code

Child's Gender: Male ___ Female ___ Date of Birth ___/___/___ Age ___ SS# _____

Child's Legal Guardian (Managing Conservator): _____
If the child is not living with both natural parents, both adoptive parents, or only living parent, a photocopy of the legal document stating custody arrangements, consisting of the cover page, page specifying conservator(s), and signature page is required.

Child's School: _____

Grade Level: _____ Has your child ever been retained? Yes No If yes, what grade _____

Is your child receiving special education or other services? Yes No
(explain) _____

Has your child ever seen a mental health professional (psychiatrist, psychologist, or a counselor)? Yes No

If yes: Previous Mental Health Professional/Agency _____

Phone _____ Dates of Service _____ (beginning - ending)

Has your child been hospitalized for mental health concerns? Yes No

If yes: When _____ Where _____

Is your child currently on probation? Yes No

*** GUARANTOR INFORMATION ***

Guarantor Name: _____ D.O.B. _____

Guarantor Address: _____

Home Phone: _____ SSN: _____ Relation to Pt. _____

Guarantor Employer: _____ Work Phone: _____

Insurance Company Name/Phone Number: _____

Member ID/Policy Number: _____ Group Number: _____

Assignment of Benefits: I hereby authorize the release of any medical or other information necessary to process insurance claims. I also authorize payment of medical benefits directly to **Kristi Frye, Ph.D.**, Licensed Professional Counselor, for the services provided.

Guarantor Signature _____ Date _____

*** INFORMATION ON CHILD'S MOTHER ***

Mother's Name: _____

I am: ___ biological mother ___ stepmother ___ adopted mother Other _____

Address: _____

Home Phone: _____ (May leave message: Yes No) Work Phone: _____ (May leave message: Yes No)

Cell Phone: _____ (May leave message: Yes No) Other Phone: _____ (May leave message: Yes No)

Date of Birth: _____ Employer: _____

Occupation: _____ How Long? _____

History of learning, emotional, or behavioral problems: Yes No
(If yes, please explain) _____

History of alcohol/drug/substance abuse: Yes No
(If yes, please explain) _____

History of family violence: Yes No
(If yes please explain) _____

History of criminal activity: Yes No
(If yes, please explain) _____

*** INFORMATION ON CHILD'S FATHER ***

Father's Name: _____

I am ___ biological father ___ stepfather ___ adopted father other _____

Address: _____

Home Phone: _____ (May leave message: Yes No) Work Phone: _____ (May leave message: Yes No)

Cell Phone: _____ (May leave message: Yes No) Other Phone: _____ (May leave message: Yes No)

Date of Birth: _____ Employer: _____

Occupation: _____ How Long? _____

History of learning, emotional, or behavioral problems: Yes No
(If yes, please explain) _____

History of alcohol/drug/substance abuse: Yes No
(If yes, please explain) _____

History of family violence: Yes No
(If yes please explain) _____

History of criminal activity: Yes No
(If yes, please explain) _____

*** GENERAL INFORMATION ***

Child's current household:

List by Household your child's current family, beginning with the oldest member and include the child:
Primary Household (anyone who currently lives with child)

Name	Age	Gender	Relationship to you (include step, half, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Second Household (non-custodial or extended family - if applicable)

Name	Age	Gender	Relationship to you (include step, half, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently involved in a custody dispute: No Yes (If yes, explain) _____

How often does client see non-custodial parent? _____

*** CHILD'S HEALTH ***

Child's Primary Care Physician: _____
Name Phone

Physical Disability: Yes No (If yes, explain) _____

Chronic Illness: Yes No (If yes, explain) _____

Terminal Illness: Yes No (If yes, explain) _____

What medication is your child currently taking?

Medication	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** CURRENT CONCERNS ***

Please mark the following items that currently apply to your child.

___ Abuse (physical, emotional, sexual)

___ Adjustment to life changes (changing schools, parents divorcing, moving, getting married or divorced, aging, etc.)

- ___ Bed wetting daytime wetting, soiling or related problems
- ___ Drug or alcohol use (both legal and illegal drugs)
- ___ Eating problem (purging, bingeing, overeating, hoarding, severely restricting diet)
- ___ Family or Stepfamily relationship problems
- ___ Feeling angry or irritable
- ___ Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, lacking trust, etc.)
- ___ Feeling sadness or depression NOT related to grief
- ___ Feeling sadness or depression related to grief
- ___ Gang related concerns (explain) _____
- ___ Health concerns (physical complaints and/or medical problems)
- ___ Illegal behaviors (runaway, stealing, fire setting, truancy, etc.)
- ___ Learning/Academic difficulties
- ___ Non-family relationship problems (teachers, peers, etc.)
- ___ Parent-Child relationship (discipline, adoption, single parent, etc.)
- ___ Sexual concerns (excessive masturbation, inappropriate acting out)
- ___ Sleep problem (nightmares, sleeping too much or too little, etc.)
- ___ Speech problem (not talking, stuttering, etc.)
- ___ Suicidal Ideation (thoughts of death, wanting to die)
- ___ Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems, etc.)
- ___ Other (explain) _____

Current Family Stressors:

- Chronic illness of family member ___ Death of significant person ___ Domestic Violence ___
- Family member absent (explain) _____
- Family member's disability/major accident/illness ___
- Family member emotional problems (explain) _____
- Family member suicide (explain) _____
- Financial problems ___ Moved a lot ___ Parents arguing frequently ___ Parents divorced ___
- Other _____

*** FAMILY HISTORY/EXPERIENCES ***

History of your child having learning, emotional, behavioral problems: Yes No
 (If yes, please explain) _____

History of your child having alcohol/drug/substance abuse: Yes No
 (If yes, please explain) _____

History of family violence: Yes No
 (If yes, please explain) _____

History of criminal activity in the family: Yes No
 (If yes, please explain) _____

Has your child been abused (check all that apply): Physically ___ Emotionally ___ Sexually ___

Has your child been neglected (check all that apply): Physically ___ Emotionally ___

School Problems (check all that apply):
 Academic problems ___ Discipline problems ___ Severely teased ___ Unpopular ___

Other _____

How were you referred? _____
