

Client Information – Child/Teen  
All information will be kept confidential.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

How does your child do in school academically? \_\_\_\_\_

\_\_\_\_\_

How does your child do in school behaviorally? \_\_\_\_\_

\_\_\_\_\_

Does your child have a learning or physical disability? \_\_\_ Y, \_\_\_ N, \_\_\_ Maybe.

Please describe \_\_\_\_\_

Does your child have a mental health diagnosis? \_\_\_ Y, \_\_\_ N

Please describe \_\_\_\_\_

\_\_\_\_\_

What do you view as your child's major strengths and positive traits? \_\_\_\_\_

\_\_\_\_\_

What are your child's hobbies? \_\_\_\_\_

\_\_\_\_\_

Does your family identify with a religious or spiritual tradition? \_\_\_\_\_

Briefly describe your goals for your child's therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else that you feel I should know about \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Information

**Mother's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is it OK to leave voice or email messages? \_\_\_ Y, \_\_\_ N

Occupation \_\_\_\_\_ Education \_\_\_\_\_

History of mental illness? \_\_\_ Y, \_\_\_ N, please describe \_\_\_\_\_

History of drug/alcohol abuse? \_\_\_ Y, \_\_\_ N, please describe \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Living with child/teen? \_\_\_ Y, \_\_\_ N, How is this relationship? \_\_\_\_\_

Who lives in this household? \_\_\_\_\_

\_\_\_\_\_

---

**Father's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is it OK to leave voice or email messages? \_\_\_ Y, \_\_\_ N

Occupation \_\_\_\_\_ Education \_\_\_\_\_

History of mental illness? \_\_\_ Y, \_\_\_ N, please describe \_\_\_\_\_

History of drug/alcohol abuse? \_\_\_ Y, \_\_\_ N, please describe \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Living with child/teen? \_\_\_ Y, \_\_\_ N, How is this relationship? \_\_\_\_\_

Who lives in this household? (if different than above) \_\_\_\_\_

\_\_\_\_\_