



Child/Adolescent Information

Child's Name:	Date:
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Date of Birth:	Age:
Ethnicity (check all that apply): African-American Asian American/Alaskan Indian Caucasian Hawaiian/Pacific Islander Latino/a Other:	Address:

Legal Guardian Name(s):		
Legal Guardian Age(s):		
Parental Status (Description of relationship to the child): Biological Parent Step-parent/co-parent Legal Guardian Foster Parent Adoptive Parent " Other:		
Home Address:		
City:	State:	Zip:
Home Phone:		
Cell Phone:		
Preferred Method Of Contact: " Home Phone " Cell Phone		
Okay to leave a message? " Yes " No		

Siblings Names:	Ages:

Insurance Information

Name of Primary Insurance:
Primary Insurance Policy #:
Primary Insurance Phone #:
SS#, if VA insurance:
Name of Secondary Insurance, if applicable:
Secondary Insurance Policy #:
Secondary Insurance Phone #:

Person to be billed for fees

Name:		
Relationship to Child:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	

Child's Health History

Pediatrician's Name:		
Date of Last Appt:		
Phone:		
Address:		
City:	State:	Zip:
Please list any serious illnesses, surgeries, and medical problems that your child has ever had:		
Has your child ever experienced a severe blow to the head or loss of consciousness? Yes No If yes, please explain:		

Medication

Please list any medications (prescribed and over-the-counter) that your child is <i>currently</i> taking:		
Medication Name	Dosage	Reason

Development

Describe at what age your child reached the following developmental milestones:

Crawling	Age:	Talking	Age:
Walking	Age:	Toilet Training	Age:

Additional information regarding your child's development:

Is your child...? Right Handed Left Handed Ambidextrous

Child's Psychological History

Has your child ever seen a therapist? Yes No

Date(s):

If yes, for what concerns, and what was helpful or not helpful about this treatment?

Has your child ever seen a psychiatrist? Yes No

Date(s):

If yes, for what concerns, and what was helpful or not helpful about this treatment?

Prior/Current Diagnosis (if any):

Name of diagnosing doctor:

Date(s) of diagnosis:

Has your child received any previous support services? (Attach assessments/reports)

		Dates of Treatment
ABA	Yes No	
OT	Yes No	
SLP	Yes No	
PT	Yes No	

Child's School Information

Name of the school that your child is attending:	
Current Grade Level:	Average Performance:
Has your child ever been given an IEP (Independent Educational Plan) or any other type of Special learning service? Yes No If yes, please explain:	
Has your child ever had disciplinary action at school or have concerns been expressed by teachers? Yes No If yes, please explain:	

Child's Social Information

Is your child involved in extracurricular activities? Yes No If yes, what type and how often?
Is your child involved in athletics? Yes No If yes, please describe:
Describe your child's social interactions, both in and out of school (Play dates, close friendships, school friends):

Describe your child's favorite toy, television program or activity:

How often does your child engage in this activity?

Current Concerns

Briefly explain why your child is seeking psychological services at this time:

List any major changes or life events that have occurred for your child in the last two years:

Is there any additional information that would be important to know about your child?

Skills Areas:

Communication

Describe your child's general communication ability. How well does he/she communicate? How does your child ordinarily communicate his or her needs?

Does your child use speech spontaneously, or must prompts be used?

Does your child initiate or hold conversations with others? If so, how complex are these conversations?

How understandable is your child language? Are there any difficulties with understandability? Are there any articulation problems?

How much of what is said (or signed) does your child understand (all, much, some, little, none)?

Self Help (Describe level of independence or prompting required):

Eating:

Dressing:

Toileting:

Bathing:

Play/Leisure Skills:

Maladaptive Behaviors

Does your child engage in any behaviors that can be considered harmful to themselves or others? Describe.

Does your child engage in any behaviors that cause damage to property? Describe.

Does your child engage in any behaviors that are repetitive? Describe.

Does your child engage in any other behaviors that can interfere with their development, health, well-being, the safety of themselves or others, or with their ability to participate in social events? Describe.

Does your child engage in any behaviors that can interfere with your family's typical schedule or activities? Describe.

Any additional behaviors that are of concern:

Guardian Information

Employment status:

Full-Time Part-Time Retired
 Student Unemployed Home maker

Occupation:

Spouse/Partner Employment status:

Full-Time Part-Time Retired
 Student Unemployed Home maker

Spouse/Partner Occupation:

Active Duty Military: Yes No **Branch:**
Rank:

Ethnicity (check all that apply):

African-American Asian
American/Alaskan Indian Caucasian
Hawaiian/Pacific Islander Latino/a
Other:

Sexual Orientation:

Heterosexual Lesbian/Gay
 Bisexual Uncertain
 Other:

Religion:

Catholic Protestant Jewish Islamic
 Buddhist Hindu Christian Other:

Highest Level of Education Completed:		
Some High School	High School Diploma/GED	Some College
Technical/Apprentice Cert.	AA Degree	BA/BS Degree
MA/MS Degree	MD/JD/Doctoral Degree	

Emergency Contact

Name:
Relationship to child:
Address:
Phone:

Thank you for your time, and I look forward to meeting you soon!