

Identifying Information

Today's Date:				
Name of child			Age	Date of Birth
Name of child	x: Present A	Address:		
City: State: Zip	: Ho	me phone:		Other phone:
SSN: Emai	il Address:		Preferi	red Contact Method:
Okay to Leave Voicemail: Y N Okay to	o Email: Y N	Okay to identi	fy as Mental Health	ı Provider: Y N
Name of person completing form (if di	fferent than chi	ild):		Relation:
Who referred child to Hope Counseling	g Centers:			
Who has current legal custody of child	? (Please attach	a copy of the	current parenting	plan)
Is there now, or has there been in the l				
a member of this household? No, Y	es (please o	explain)		
Is there any current or pending legal a No, Yes (please explain)				
Has there been mental health services	involved with o	child hefore? N	In Yes (nle	ase explain)
Thus there been mental nearth services	involved with	enna berore. T	(bic	
Is the County Social Services involved	with this child	or family? No _	, Yes (how?])
Parents Parents are / were married years. Are parents divorced?YesNo Is there any significant information ab beneficial in counseling:YesNo	If yes, how old out the parents	' relationship	at time of divorce: or treatment towa	rds the child which might be
Client's Mother (Step-mother)				
Name:		Age:	Phone:	
Natural parentStep-parentA	Adoptive parent	tFoster pa	rent Other:	
Is there anything unusual or stressful a				
If yes, explain:				
Client's Father (Step-father)				
Name:		Age:	Phone:	
Natural parentStep-parentA	Adoptive parent	tFoster pa	rent Other:	
Is there anything unusual or stressful a	about the child'	s relationship	with the father?	Yes No
If yes, explain:			_	
Siblings and Others in Household				
Names	Age	Gender M F	Lives Home Away	Quality of Relationship w/ Client Poor Average Good



Others in child's life	Age		ender Lives F Home Away		Quality of Relation w/ Client Poor Average Good
		_			
	Med	lical I	nformation		
Child's Physician's Name and/or Clinic: _ Are there any physical or medical proble	ms I should be a	ware	of? No, Yes	(please explain)	
Is the child currently taking any medicat	ion? No, Yes _	(pl	ease state the medi	cation and dosag	ge)
Has there been any history of head traun	na, seizures or lo	oss of	consciousness? No_	, Yes (ple	ease explain)
	Devel	lopm	ental / Social		
Pregnancy, Labor and Delivery Duration of Pregnancy Did the mother smoke during this time? Was there any drinking or drug use by m Were there any complications during pre	other during thi	s time	e? No, Yes ()	please describe f	ully)
Any complications during labor/delivery etc.?) No, Yes (please explain) Infancy – Toddler Period (Birth to 2 year Primary caregiver(s) during this time: Any changes in, or separations from, prir	rs of age)				
Were there any physical or emotional dif					
Early Childhood (3 to 5 years of age) Primary Caregiver(s) during this time: _ Were there any physical or emotional dif (please explain)	ficulties for eith				ring this time? No, Yes
Any changes in, or separations from, prir	nary caregivers	lastin	g more than 2 week	xs? No, Yes	(please explain)
Were there any physical or emotional dif					ring this time? No, Yes



Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	Average	Above Average
Social			
Physical			
Language			
Intellectual			
Emotional			
For each type of development th	nat you rated above as below av	erage, please describe current a	reas of concern. Be specific.
3	weaknesses or needed areas of i s in school: iculties at home:	mprovement:	
D: (1 1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1			
brieny describe the child's hobb	oies or interests:		
	ne child usually receive?		
	YesNo If yes, how: of expressing the following emo		
1. Anger:			
4. Anxiety:			



Current School Information

Present school and grade: Special Class (where) No, Yes Please rate the child in so	lioor on the follows				
	Very Poor	Poor	Average	Good	Very Good
Writing Skills					
Arithmetic Skills					
Reading Skills					
Attendance					
Behavior Management					
Work Completion					
Social Interaction					
	Coun	seling Goals			
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Briefly describe your present concerns:_ 					