

DaySpring Counseling

Child Client Information Form

Parent(s) Guardian(s): To make our first session easier and more time efficient, please complete on information form for each minor who will be attending counseling.

Child's Name _____ Age _____ D. O. B. _____

Grade _____ Child's School _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____-____-_____ Work Phone(_____) _____-____-_____

Cell Phone (_____) _____-____-_____

S.S.# _____-____-_____ (if applicable)

In case of an emergency contact _____

Emergency contact phone (_____) _____-____-_____ Relationship to child _____

Name of Child's Doctor _____ Phone (_____) _____-____-_____

Doctors Address _____ City _____ State _____ Zip _____

Please tell us about the family your child is growing up in.

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Adopted? Yes No

Please list the name of your child's brothers and sisters and their current ages:

Are parents divorced? Yes No

-If yes, how old was the child when this happened? _____

Is either parent deceased? Yes No

-if yes, which parent(s) is deceased? _____

-How old was the child when this happened? _____

Name of step parent _____ Child's age when remarried? _____

Name of step parent _____ Child's age when remarried? _____

Name and ages of step/half brothers, step/half sisters:

Please tell us about any health problems your child has experienced in the past 12 months or any ongoing health problems:

Please give us the names of any medications and their dosages that your child regularly takes:

Medications :

Prescribed by:

_____	_____
_____	_____
_____	_____

Abuse History:

Physical

Emotional

Sexual

Have your child been in counseling before? Yes No

If so, how long ago? _____ With whom? _____

Please describe briefly any problematic behaviors or areas of concern related to your child.

What are your child's interests and hobbies?

What do you believe your child does well?

What is your child's most difficult behavior for you to manage?

Please list the names and addresses of other professionals consulted:

1.

2.

3.

4.

Please use the space below to write any additional comments you wish to make regarding your child.

Parent(s) Signature:

Date:
