

Contact Information for Other Parent or Guardian

Name of Parent/Custodian(s) _____

Relationship to Child _____

Email address _____

Address _____

Street

City/State

Zip Code

____ Home phone _____

Permission to leave message _____

____ Cell phone _____

Permission to leave message _____

____ Work phone _____

Permission to leave message _____

CCA makes courtesy calls to remind you of your child's appointment. Please put a check beside the phone number you would like us to use for these calls.

Place of Employment _____

Social Security Number _____

Marital Status ___ Married ___ Separated ___ Divorced ___ Remarried ___ Never Married

Would you be willing to be a part of your child's therapy? _____

Medical Information

Child's Primary Care Physician _____

Medications currently taking _____

Past medical conditions _____

Current medical conditions _____

Has your child ever been hospitalized? _____ If so, list dates and reasons _____

Has your child ever been seen by another counselor/psychologist? _____ If so, who and for how long?

Has your child ever been evaluated for psychiatric treatment? If so, explain. _____

Is there any history of psychiatric illness in your family? _____ If yes, please explain. _____

Is there any history of alcohol or drug abuse in your family? _____ If yes, please explain. _____

Information about Your Family

List the people currently living in the household:

Name	Relationship to Client	Age	Educational Level	Occupation
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Immediate family members living elsewhere:

Name	Relationship to Client	Age	Educational Level	Occupation
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Is there any history of physical, emotional, or sexual abuse in your family? _____ If so, please explain. _____

What community resources, if any, are members of your family using? (twelve step programs, WIC, Hope's Door, City House, etc.) _____

Concerns Bringing You to Counseling

What concerns do you have about your child? _____

How long have these concerns existed? _____

Are you seeking services for possible court advocacy (custody issues, abuse testimony, etc.). _____

If yes, explain. _____

Have others expressed concerns about your child? _____

What do you think might be causing this behavior? _____

Are you aware of any drug/alcohol use by your child? _____ If so, please explain. _____

What have you tried to address your concerns? _____

Describe your child's personality. _____

Does your child have friends or activities that you don't approve? _____ If yes, please explain. _____

Describe your relationship with your child. _____

Have you noticed any changes in your child's grades? _____ If so, please explain. _____

What school or extracurricular activities is your child involved in? _____

What else would you like the counselor to know about you or about your child or the problems he or she is having?

