



Military Experiences \_\_\_\_\_ Ethnic/Culture/Religious Information \_\_\_\_\_

Current or potential legal proceedings \_\_\_\_\_

Is there a family history of mental health issues? Y N What? \_\_\_\_\_

Has a family member been hospitalized for psychiatric/substance issues? Y N Who/When? \_\_\_\_\_

List any diagnosis your child has received, the name of the professional who made the diagnosis, and the date it was given

List any other services or professionals your child is currently working with (e.g. speech, OT, interventions at school, etc.)

Has your child had an assessment from a diagnostician, psychologist or school district? Y N

If so, **PLEASE PROVIDE ME WITH A COPY OF THE REPORT.**

Has your child seen a counselor before? Y N When? \_\_\_\_\_ for What? \_\_\_\_\_

What helped?

What didn't?

Who is in your 'Support System'

List **all** current medications/dosages/how long taken

List any supplements/OTC & for what

Please indicate which of these your child has engaged in, or your suspicions:

Alcohol \_\_\_\_\_ servings per \_\_\_\_\_ Tobacco \_\_\_\_\_ per \_\_\_\_\_ Marijuana \_\_\_\_\_ per \_\_\_\_\_ Drugs \_\_\_\_\_ per \_\_\_\_\_

RX not prescribed for them \_\_\_\_\_ per \_\_\_\_\_ Pornography \_\_\_\_\_ hours per \_\_\_\_\_

Gaming \_\_\_\_\_ hours per \_\_\_\_\_ Social Media \_\_\_\_\_ hours per \_\_\_\_\_ Screens \_\_\_\_\_ hours per \_\_\_\_\_

Substances/addictive behaviors used in the past & when: \_\_\_\_\_

Addiction concerns in child? Y N Others? Y N Who/What? \_\_\_\_\_

List Physicians & when last seen

Allergies? Y N What? \_\_\_\_\_ Date of last Physical \_\_\_\_\_

If they diet, what methods are used? \_\_\_\_\_ Do they seem reasonably happy with their body? Y N

Do they intentionally hurt themselves? Y N How? \_\_\_\_\_

How often do they exercise? \_\_\_\_\_ per \_\_\_\_\_ Health concerns in significant others? \_\_\_\_\_

What are their sports/hobbies/affinities? \_\_\_\_\_

What toys/activities/shows/games/apps are their favorites right now? \_\_\_\_\_

Social Media Sites used \_\_\_\_\_

About how many friends do they have \_\_\_\_\_ Are they happy with that? Y N Are you happy with that? Y N  
 Do they belong to a 'group'? Y N Describe \_\_\_\_\_  
 Do they have online/gaming friends? Y N Do they seem more: introverted extroverted  
 Do you approve of their friends? Y N Why/Why not? \_\_\_\_\_

When your child needs to get 'in trouble', list what discipline methods do you use (good and bad. Be honest - no parent is perfect), and indicate how well they work (1= Not at All - 10=Very well).

Please indicate the following concerns, *given what is normal for your child*:

Now	Past	
<input type="radio"/>	<input type="radio"/>	Change in appetite More Less _____
<input type="radio"/>	<input type="radio"/>	Change in sleep More Less _____
<input type="radio"/>	<input type="radio"/>	Change in weight More Less _____
<input type="radio"/>	<input type="radio"/>	Change in energy level More Less _____
<input type="radio"/>	<input type="radio"/>	Change in overall mood _____
<input type="radio"/>	<input type="radio"/>	Thoughts of hurting/killing self If so, how & when? _____
<input type="radio"/>	<input type="radio"/>	Thoughts of hurting/killing others If so, who, how & when? _____
<input type="radio"/>	<input type="radio"/>	Unusual thoughts What? _____
<input type="radio"/>	<input type="radio"/>	Unusual behaviors What? _____
<input type="radio"/>	<input type="radio"/>	Worries What? _____
<input type="radio"/>	<input type="radio"/>	Lack of pleasure from things they used to enjoy (not outgrowing it) What? _____

In the last 12 months, has your child experienced a:

Marriage Separation Divorce Birth Death Job change Move Military Deployment  
 Financial Disruption Significant Illness/Injury Natural Disaster/Accident Graduation/Promotion Loss

List of Symptoms/Concerns. Feel free to describe further:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abuse-emotional                    | <input type="checkbox"/> Choices they have made                     | <input type="checkbox"/> Eating-over eating                                 |
| <input type="checkbox"/> Abuse-neglect                      | <input type="checkbox"/> Chores                                     | <input type="checkbox"/> Eating-under eating                                |
| <input type="checkbox"/> Abuse-physical                     | <input type="checkbox"/> Completing Tasks                           | <input type="checkbox"/> Eating-excessively picky                           |
| <input type="checkbox"/> Abuse-sexual                       | <input type="checkbox"/> Compulsions                                | <input type="checkbox"/> Entitled attitude                                  |
| <input type="checkbox"/> Accepting consequences             | <input type="checkbox"/> Concentration Problems                     | <input type="checkbox"/> Failure  |
| <input type="checkbox"/> Aggression                         | <input type="checkbox"/> Confusion                                  | <input type="checkbox"/> Fatigue  |
| <input type="checkbox"/> Anger                              | <input type="checkbox"/> Crying                                     | <input type="checkbox"/> Favoritism   |
| <input type="checkbox"/> Annoying                           | <input type="checkbox"/> Decision making                            | <input type="checkbox"/> Fears  |
| <input type="checkbox"/> Anxiety                            | <input type="checkbox"/> Delusions (beliefs that are not true/real) | <input type="checkbox"/> Feelings-Intense                                   |
| <input type="checkbox"/> Arguing                            | <input type="checkbox"/> Overly dependent                           | <input type="checkbox"/> Feelings-Overwhelming                              |
| <input type="checkbox"/> Attention problems                 | <input type="checkbox"/> Defiant/Oppositional                       | <input type="checkbox"/> Making Friends                                     |
| <input type="checkbox"/> Attention-seeking behaviors        | <input type="checkbox"/> Depression                                 | <input type="checkbox"/> Keeping Friends                                    |
| <input type="checkbox"/> Bites                              | <input type="checkbox"/> Destructive/Breaks things                  | <input type="checkbox"/> Friendship drama                                   |
| <input type="checkbox"/> Blended family issues              | <input type="checkbox"/> Dilly-Dallying                             | <input type="checkbox"/> Gender confusion                                   |
| <input type="checkbox"/> Body image                         | <input type="checkbox"/> Disappointment                             | <input type="checkbox"/> Grieving   |
| <input type="checkbox"/> Boredom                            | <input type="checkbox"/> Discipline-parental disagreement           | <input type="checkbox"/> Guilt  |
| <input type="checkbox"/> Bossy                              | <input type="checkbox"/> Discipline-ineffective                     | <input type="checkbox"/> Hallucinations, seeing or hearing things not there |
| <input type="checkbox"/> Bullying-Aggressor                 | <input type="checkbox"/> Disorganized/Scattered                     | <input type="checkbox"/> Hearing - 'selective'                              |
| <input type="checkbox"/> Bullying-Victim                    | <input type="checkbox"/> Distractible                               | <input type="checkbox"/> Hygiene  |
| <input type="checkbox"/> Can't follow multi-step directions | <input type="checkbox"/> Dominates others                           | <input type="checkbox"/> Homework, doing it                                 |
| <input type="checkbox"/> Can't sit still                    | <input type="checkbox"/> Eating-making oneself vomit                | <input type="checkbox"/> Homework, remembering it                           |
| <input type="checkbox"/> Custody conflict                   |   | <input type="checkbox"/> Homework, not turning it in                        |

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|--|---|---|
| <input type="checkbox"/> Hostility                   | <input type="checkbox"/> Outbursts                    | <input type="checkbox"/> Self-esteem  |
| <input type="checkbox"/> Hurting animals             | <input type="checkbox"/> Overly dramatic              | <input type="checkbox"/> Sensitivities to sound, light, temperature, clothing, pressure |
| <input type="checkbox"/> Impulsiveness               | <input type="checkbox"/> Oversensitive to criticism   | <input type="checkbox"/> Setting fires  |
| <input type="checkbox"/> Indecision                  | <input type="checkbox"/> Oversensitive to rejection   | <input type="checkbox"/> Sexual-overly curious  |
| <input type="checkbox"/> Inferiority feelings        | <input type="checkbox"/> Pain                         | <input type="checkbox"/> Sexual-inappropriate behavior                                  |
| <input type="checkbox"/> Inhibitions                 | <input type="checkbox"/> Panic or anxiety attacks     | <input type="checkbox"/> Sexual-masturbation  |
| <input type="checkbox"/> Interpersonal conflicts     | <input type="checkbox"/> Parenting                    | <input type="checkbox"/> Sex play with others   |
| <input type="checkbox"/> Irresponsibility            | <input type="checkbox"/> Passive/Excessive Follower   | <input type="checkbox"/> Shows off excessively  |
| <input type="checkbox"/> Irritability                | <input type="checkbox"/> Perfectionism                | <input type="checkbox"/> Shyness/Too quiet  |
| <input type="checkbox"/> Judgment problems           | <input type="checkbox"/> Pessimism                    | <input type="checkbox"/> Sleep-falling asleep   |
| <input type="checkbox"/> Laziness                    | <input type="checkbox"/> Phobias                      | <input type="checkbox"/> Sleep-staying asleep   |
| <input type="checkbox"/> Loneliness                  | <input type="checkbox"/> PMS/menstruation             | <input type="checkbox"/> Sleep-nightmares   |
| <input type="checkbox"/> Losses                      | <input type="checkbox"/> Procrastination              | <input type="checkbox"/> Special needs  |
| <input type="checkbox"/> Loud/Over the top           | <input type="checkbox"/> Puberty-Early                | <input type="checkbox"/> Speech problems  |
| <input type="checkbox"/> Low energy                  | <input type="checkbox"/> Puberty-Late                 | <input type="checkbox"/> Step-parent issues   |
| <input type="checkbox"/> Low frustration tolerance   | <input type="checkbox"/> Rejection                    | <input type="checkbox"/> Stress   |
| <input type="checkbox"/> Makes noises                | <input type="checkbox"/> Relaxation ability           | <input type="checkbox"/> Stutter  |
| <input type="checkbox"/> Maturity Level-Behind       | <input type="checkbox"/> Rigid/Difficulty with change | <input type="checkbox"/> Sucks thumb, etc.  |
| <input type="checkbox"/> Maturity Level-Advanced     | <input type="checkbox"/> Risk taking                  | <input type="checkbox"/> Suspiciousness   |
| <input type="checkbox"/> Medical concerns            | <input type="checkbox"/> Rule breaking                | <input type="checkbox"/> Talks too much   |
| <input type="checkbox"/> Meltdowns/Tantrums          | <input type="checkbox"/> Sadness                      | <input type="checkbox"/> Tics   |
| <input type="checkbox"/> Memory problems             | <input type="checkbox"/> School-behavior problems     | <input type="checkbox"/> Things need to be 'just right'                                 |
| <input type="checkbox"/> Messy                       | <input type="checkbox"/> School-learning problems     | <input type="checkbox"/> Toileting problems   |
| <input type="checkbox"/> Mood swings                 | <input type="checkbox"/> School-social problems       | <input type="checkbox"/> Violence/Acting out  |
| <input type="checkbox"/> Motivation                  | <input type="checkbox"/> School-teacher problems      | <input type="checkbox"/> Weight issues  |
| <input type="checkbox"/> Nail biting, hair pulling   | <input type="checkbox"/> School-avoidance             | <input type="checkbox"/> Withdrawal, isolating  |
| <input type="checkbox"/> Needs reminding excessively | <input type="checkbox"/> Self-centeredness            |   |
| <input type="checkbox"/> Obsessions/Special interest | <input type="checkbox"/> Self-control                 |   |

Describe any other concerns and/or ways that I can help:

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Who referred you? \_\_\_\_\_ Can I let them know that you came?    Y    N

*Whew!* Thank you for the time you took to tell me about your child. Now, we can work together to identify what they need, help you get unstuck, develop coping strategies and make effective changes. Let's get started!

\_\_\_\_\_  
Signature