Helen Wilson Counseling, LLC
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Client Information – Child/Teen

***Note**:* If you have been a patient here before, please fill in only the information that has changed.

A. Identification

Child's name: ____ Date of birth: ________________________ Age: ________

Nicknames or aliases: _____________________________________ Social Security #: ___________________________________

Legal Guardian: ____

Mother's Name: ____

Address: ____

Phone: ____ May I leave a voicemail? ❑ Yes ❑ No

Email: ____ May I email you? ❑ Yes ❑ No

Occupation and Employer: ____

Father's Name: ____

Address: ____

Phone: ____ May I leave a voicemail? ❑ Yes ❑ No

Email: ____ May I email you? ❑ Yes ❑ No

Occupation and Employer: ____

B. Referral

Who gave you my name to call? How did you find me?

❑ Internet ❑ Facebook ❑ Psychology Today ❑ Personal Friend ❑ Therapist ❑ Other Medical Professional

Name: ____ Phone: ______________________________

Address: ____

May I have your permission to thank this person for the referral? ❑ Yes ❑ No

C. Education and Enrichment

Is your child enrolled in school? ❑ Yes ❑ No

School: ____

Grade:__________________________ Teacher/Advisor: ____

Does your child participate in any hobbies or activities? Please list:____

____

____

D. Mental Health History

Has your child received counseling before? ❑ Yes ❑ No

If so, who did they see? ____

What was the outcome of counseling? ____

Family history of Mental Health concerns? ____

Other professional(s) working with your child (name, title, reason):___________________________________

____

E. Medical Care

From whom or where does your child receive medical care?

Clinic/doctor's name: ____ Phone: ___________________

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ❑ Yes ❑ No

Current Medications:

____

____

Has your child ever been hospitalized? ❑ Yes ❑ No

Explain: ____

F. Religious and Racial/Ethnic Identification

Current religious denomination/affiliation:

❑ Protestant ❑ Catholic ❑ Jewish ❑ Islamic ❑ Buddhist ❑ Hindu

❑ Other (specify): ____

Involvement: ❑ None ❑ Some/irregular ❑ Active

How important are spiritual concerns in your life? ____

Which (if any) church, synagogue, temple, or meeting are you involved with? ___________________________

Ethnicity/national origin: _______________________________ Race: _________________________________

Other ways your child may identify and consider important: _____________________________________

G. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: ______________________________________ Phone: _______________________ Relationship: _________________

Address: ____

H. Reason for today's visit?

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Please check all that apply to your child:

___ Increased anxiety

___ Divorce of parents

___ Increased irritability

___ Separation of parents

___ Loss of interest in activities

___ Change in living situation

___ Rape

___ Change in school

___ Sexual Abuse

___ Change of friends

___ Physical Abuse

___ Change in grades

___ Substance abuse

___ Learning disability

___ Change in eating habits

___ Illness/injury

___ Change in sleep patterns

___ Death of parent or loved one