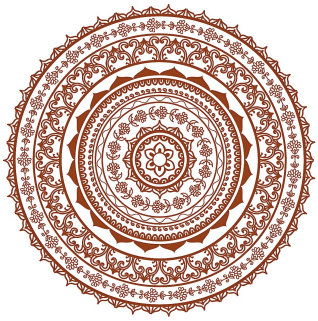


Health Information Form

A. Identification

Child's Name: _____ D.O.B_____

Preferred Pronoun: _____

Address:_____

City: _____State:_____ Zip:_____

Home Phone: (____)_____Cell Phone: (____)_____

Email: _____

Which phone number is the preferred method by which I may contact you? _____

If need be, when I call this number may I leave a message? Yes or No

Emergency Contact

Contact Name:_____ Relationship_____

Home Phone: (____)_____Cell phone: (____)_____

Parent Information:

Parent's name:_____DOB: _____

Relationship (biological, adoptive, step, foster, etc):_____

Home Phone: (____)_____

Cell phone: (____)_____Occupation:_____

Employer: _____ Work Phone: (____)_____

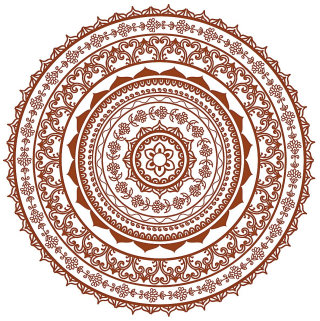
Parent's name:_____DOB: _____

Relationship (biological, adoptive, step, foster, etc):_____

Home Phone: (____)_____

Cell phone: (____)_____Occupation:_____

Employer: _____ Work Phone: (____)_____



Referred by: _____

Reason for referral:

_____

Have you seen any other psychologist, social worker, psychotherapist, counselor, psychiatrist, or have been admitted for hospitalization in the past? If yes, give name, address, dates seen, and a brief description for the terms of care.

_____

_____

_____

_____

_____

B. Family Information

1. Please list any other significant familial relationships (siblings, grandparents, aunts, uncles, etc.)

Name: Age: Relationship to the child (specify: biological, adoptive, step, half. foster, etc)

_____

_____

_____

_____

_____

2. Please identify any useful information regarding family history related to these topics. If yes, please indicate the family members relationship to you in the space provided (ex. mother, grandfather, cousin, etc.)

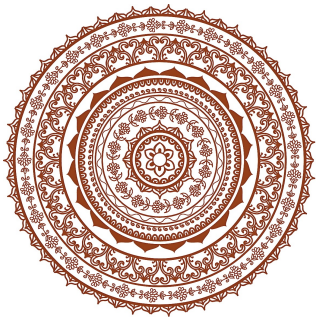
	Please Circle	List Family Member
Alcohol Use	Yes / No	_____
Substance/Drug Use Anxiety	Yes / No	_____
Depression	Yes / No	_____
Domestic Violence	Yes / No	_____
Eating Disorders	Yes / No	_____
Suicide Attempts	Yes / No	_____
Schizophrenia	Yes / No	_____

If appropriate:

Custody arrangement:

_____

_____



Please provide any other relevant information regarding family:

_____

_____

_____

C. Education

School:_____ Grade:_____

Teacher:_____School counselor: _____

Address: _____ Phone: _(____)_____

Please provide any relevant information regarding specialized services/accommodations (IEP, 504 Plan, disabilities):

_____

_____

_____

_____

D. Developmental and Medical History

1. Starting with childhood and proceeding up to the present, list *all* diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, any other medical conditions the child has had:

_____

_____

_____

_____

2. List any problems during birth/pregnancy, developmental delays, learning disabilities the child has experienced:

_____

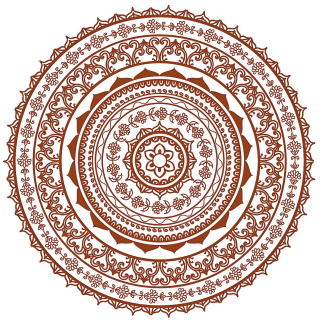
_____

_____

_____

3. List *all* medications, drugs, or other substances the child has taken in the last year - prescribed, over-the- counter vitamins, herbs, and others. Medication/drug Dose (how much?) Taken for, Prescribed, and Supervised by:

_____



_____

_____

_____

4. Has the child experienced any of the following during early childhood:

❑ Separation from mother, ❑ Separation from father, ❑ Out of home care, ❑ Disruption in bonding,

❑ Depression of mother, ❑ Depression of father, ❑ Abuse, ❑ Neglect, ❑ Chronic Illness, ❑ Parental Stress

E. Health habits

1. What kinds of physical exercise does the child get?

_____

_____

2. How much coffee, soda, tea, or other sources of caffeine do they consume each day?

_____

_____

3. Do you try to restrict their eating in any way? How? Why?

_____

_____

4. Do they have any problems getting enough sleep?

_____

_____

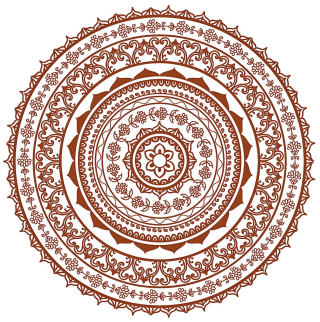
F. Chemical Use Survey

In order to treat your child effectively, I need information about the ways your family have used alcohol, drugs, and/or other chemicals that can affect you and the child psychologically. So please answer these questions fully.

Family Description of Use

1. Which family member _____ Chemical use (now & past): No _____ Yes _____
Type: Alcohol _____ Marijuana _____ Other drugs_____

Would you say they ❑ are a social drinker ❑ are a heavy drinker ❑ have alcoholism or ❑ have a drinking problem
❑ are a recreational drug user ❑ have an addiction or ❑ have a drug problem



Which family member _____ Chemical use (now & past): No _____ Yes _____
Type:Alcohol _____ Marijuana _____ Other drugs_____

Would you say they ❑ are a social drinker ❑ are a heavy drinker ❑ have alcoholism or ❑ have a drinking problem ❑ are a recreational drug user ❑ have an addiction or ❑ have a drug problem

2. Which of these has your child been exposed to at home? ❑ Blackouts ❑ Bad reactions ❑ Withdrawal symptoms ❑ Overdoses ❑ Detoxification in a hospital ❑ Other problems:

_____

_____

Child Description of Use

1. Think about any and all chemicals you are aware of that the child may have used. To the best of your knowledge indicate how much used (amount), how often, and how recently.

Chemical:_____

Estimated date of first and last use:_____

Chemical:_____

Estimated date of first and last use:_____

Chemical:_____

Estimated date of first and last use:_____

2. Which of these has your child experienced themselves?

❑ Blackouts ❑ Bad reactions ❑ Withdrawal symptoms ❑ Overdoses ❑ Detoxification in a hospital
❑ Other problems:

_____

_____

Treatment for chemical use

If you have indicated the child has a history with chemical use please list any history of treatment including: Dates, Agency/provider, Type of program, Voluntary? (Yes or no) Length of treatment, Participation in aftercare programs (No/Which?) Effects of treatment

_____

_____

_____

G. Additional Information

What concerns or issues bring you to therapy:

_____
_____
_____
_____

What changes do you hope therapy will lead to?

_____
_____
_____
_____

What are your child's major strengths? (Abilities, resources, education, employment, personality, feelings, habits, relationships.)

_____
_____
_____
_____

What crises has the child experienced that have had an impact?

_____
_____
_____
_____

What persons, ideas, or forces have been most useful or influential to your child?

_____
_____
_____
_____