



This form will enable us to gain a quicker understanding of your child and it will become a part of their confidential file. Please answer each question as completely as possible.

Date \_\_\_\_\_

**Part I: Child**

Child's name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
City State Zip

School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Pediatrician/Primary Care Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications (list all including vitamins and herbal supplements) \_\_\_\_\_  
\_\_\_\_\_

Person completing this form \_\_\_\_\_

**Part II: Parents**

Mother's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address (if different from Child) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell /Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Father's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent's marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Never married \_\_\_\_\_ Remarried \_\_\_\_\_ How long? \_\_\_\_\_ Other \_\_\_\_\_

Who has legal custody? Mom \_\_\_\_\_ Dad \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

Who has physical custody? Mom \_\_\_\_\_ Dad \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

Stepparent's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Who gave you our name? \_\_\_\_\_

May we have your permission to thank this person for your referral? Yes No

Religious Affiliation \_\_\_\_\_ Church \_\_\_\_\_

Parents Active \_\_\_\_\_ Inactive \_\_\_\_\_ Child Active \_\_\_\_\_ Inactive \_\_\_\_\_

**Part III: Financial**

If you have any financial questions or concerns about your fee, please talk to your therapist. Fees or co-pays are due at time of service. You may use cash, check, debit cards, Visa, MasterCard or Discover.

**PART A**

Total gross family income \_\_\_\_\_ # of dependents \_\_\_\_\_

Who is financially responsible for these fees? \_\_\_\_\_

Do you have insurance? \_\_\_\_\_

Is your therapist an in-network provider for your insurance company? Yes No Don't Know

If your therapist is in your network, we will file all claims. If your therapist is out-of-network, we will file claims only if you have out-of-network benefits.

Primary Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's SS# \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_

Insured's Employer \_\_\_\_\_

I, the undersigned, do authorize the release of any medical information necessary to process claims. I hereby assign payments directly to Paraclete Counseling Center and the supervisors thereof of the benefits as well as major medical benefits herein specified, and otherwise payable to me under the terms of my insurance. I understand that I am financially responsible to the clinician for charges not covered by this agreement. I hereby authorize photocopies of this form to be as valid as the original. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; in the city of \_\_\_\_\_, situated in \_\_\_\_\_ County, state of Georgia.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Psychosocial History

### Part IV: Development

Please fill in any information you have on the areas listed below.

Prenatal medical illnesses and health care \_\_\_\_\_

\_\_\_\_\_

Was the child premature? \_\_\_\_\_ Any birth complications or problems? \_\_\_\_\_

\_\_\_\_\_

In the first few months of life, please list any problems in the following areas.

Any allergies? \_\_\_\_\_

Sleep patterns or problems \_\_\_\_\_

Personality \_\_\_\_\_

Does your child have any speech, hearing, or language difficulties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any special classes that your child has attended or currently attends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part V: Health**

List any major childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures and other medical conditions. Please list the condition, age, and consequences \_\_\_\_\_

---

---

---

---

**Part VI: Residences**

1. Homes - please list all dates that the child has lived in different residences, including location, who they were living with, their reason for moving, and any problems.

---

---

---

---

2. Residential placements, institutional placements, or foster care - if applicable, please list dates that the child was placed in a home, the program and location, the reason for the placement, and any problems.

---

---

---

---

**Part VII: Schools**

Please list all of the schools the child has attended, including grades. Please list the current grade, school, and teacher.

---

---

---

---

**Part VIII: Special skills or talents of child**

List hobbies, sports, recreational interests, TV, and toy preferences, etc. \_\_\_\_\_

---

---

**Part IX: Other**

Is there anything else I should know that doesn't appear on this or any other forms, but might be important? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## Symptom Checklist

Below you will find statements about your child and any symptoms he or she may be experiencing. Circle the number below the word that best describes your child's behavior during the last 3 months. Please write under the statement any additional information that you feel would be helpful.

### Personal-Social

	Never	Sometimes	Often	Always
1. My child continually seeks attention.	0	1	2	3
2. I can see tension building up in my child.	0	1	2	3
3. My child explodes under stress.	0	1	2	3
4. My child has nervous habits, like pulling at his/her clothing, clearing his/her throat, sniffing his/her nose, etc.	0	1	2	3
5. My child cries easily.	0	1	2	3
6. My child sucks his/her thumb or finger.	0	1	2	3
7. My child is a worrier.	0	1	2	3
8. My child rocks back and forth.	0	1	2	3
9. My child shakes and trembles.	0	1	2	3
10. My child expresses many or unusual fears.	0	1	2	3
11. My child is angry.	0	1	2	3
12. My child is moody.	0	1	2	3

	Never	Sometimes	Often	Always
13. My child becomes overexcited easily.	0	1	2	3
14. My child is hyperactive and restless.	0	1	2	3
15. My child becomes hysterical, upset, or angry when things do not go his/her way.	0	1	2	3
16. My child seems sad.	0	1	2	3
17. My child has sleep problems.	0	1	2	3
18. My child has bad dreams.	0	1	2	3
19. My child walks or talks in his/her sleep. (underline one or both)	0	1	2	3
20. My child gets confused easily.	0	1	2	3
21. My child has trouble remembering things.	0	1	2	3
22. My child has difficulty concentrating for any length of time.	0	1	2	3
23. My child complains he/she never gets a fair share of things.	0	1	2	3
24. My child says people don't like him/her.	0	1	2	3

	Never	Sometimes	Often	Always
25. My child tends to be very selfish and self-centered.	0	1	2	3
26. My child is very shy.	0	1	2	3
27. My child is sensitive and has his/her feelings hurt easily.	0	1	2	3
28. My child avoids competition.	0	1	2	3
29. My child is a poor sport and a poor loser.	0	1	2	3
30. My child has trouble making friends.	0	1	2	3
31. My child seems to have little self-confidence.	0	1	2	3
32. My child cannot get along with my husband/wife.	0	1	2	3
33. We have family problems.	0	1	2	3
34. There is a lot of arguing and fighting in our house.	0	1	2	3
35. My child expresses concerns about something terrible or horrible happening to family members or himself/herself.	0	1	2	3
36. My child does not get along with his/her siblings.	0	1	2	3
37. My child expresses strong dislike for home and family.	0	1	2	3

	Never	Sometimes	Often	Always
38. One (or more) of my children has problems, also.	0	1	2	3
39. My child says strange things or asks unusual questions.	0	1	2	3
40. My child does strange or stupid things.	0	1	2	3
41. My child often says he/she wishes he/she were dead or away from it all.	0	1	2	3
42. My child has been physically or sexually abused.	0	1	2	3
43. My child often has small accidents or injuries.	0	1	2	3
<b>Behavioral</b>				
44. My child is a discipline problem at home.	0	1	2	3
45. My child is a discipline problem at school.	0	1	2	3
46. My child tells tall tales or lies.	0	1	2	3
47. My child often throws temper tantrums.	0	1	2	3
48. My child has attempted to seriously harm a person or animal.	0	1	2	3
49. My child manipulates situations to his/her own benefit.	0	1	2	3
50. My child does sexual things he/she shouldn't.	0	1	2	3
51. My child seems to welcome punishment.	0	1	2	3

	Never	Sometimes	Often	Always
52. My child disturbs other children by teasing, provoking fights, and interrupting others.	0	1	2	3
53. My child steals things.	0	1	2	3
54. I have to spank my child.	0	1	2	3
<b>School</b>				
57. My child voices an intense dislike of school.	0	1	2	3
58. My child does not seem to be learning, as he/she should.	0	1	2	3
59. The teachers complain about my child.	0	1	2	3
64. My child stares blankly into space and is unaware of his/her surroundings when doing so.	0	1	2	3
68. My child often complains of illnesses such as nausea, stomach pain or headaches.	0	1	2	3
69. My child sometimes has accidental bowel movements in his/her clothing.	0	1	2	3
70. My child has eating problems.	0	1	2	3
71. My child wets the bed.	0	1	2	3

Please circle YES or NO to the following statements as it pertains to your child.

**Physical**

60. My child's bowels do not move regularly. YES NO

61. My child is overweight or underweight. YES NO

(underline which one applies)

63. My child has had a major illness, operation  
or accident (such as a fall or bump on the  
head). If yes, please list \_\_\_\_\_  
\_\_\_\_\_

**School**

55. My child is in a special program at school. YES NO

56. My child may have a learning disability. YES NO

65. My child has a visual, hearing, or speech problem. YES NO

66. My child has allergies or asthma. YES NO

67. My child has a chronic illness or handicap. YES NO