

Counseling Information Form

Basic Information

Child/Teen's Name _____ Age _____ Date of Birth _____

Gender _____ Grace in School _____ School Attended _____

Home/Cell # _____ *May I leave a message that identifies me?* Yes No

Email _____ *May I email you about billing/scheduling?* Yes No

Address _____ *May I send physical mail to this address?* Yes No

Primary Parent Contact's Name _____ Relationship to Child/Teen _____

Age _____ Gender _____ Marital Status _____ Employment Status _____

Home/Cell # _____ *May I leave a message that identifies me?* Yes No

Email _____ *May I email you about billing/scheduling?* Yes No

Address _____ *May I send physical mail to this address?* Yes No

How did your family hear about Atlas Counseling? _____

Family Information

Other Parent's Name _____ Relationship to Child/Teen _____

Age _____ Gender _____ Marital Status _____ Employment Status _____

Home/Cell # _____ *May I leave a message that identifies me?* Yes No

Email _____ *May I email you about billing/scheduling?* Yes No

Address _____ *May I send physical mail to this address?* Yes No

Stepparent/Guardian's Name _____ Age _____ Date of Birth _____

Age _____ Gender _____ Marital Status _____ Employment Status _____

Stepparent/Guardian's Name _____ Age _____ Date of Birth _____

Age _____ Gender _____ Marital Status _____ Employment Status _____

Siblings's Name _____ Age _____ Date of Birth _____

Gender _____ Grade in School _____ (Biological/Adopted/Step) _____

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Gender _____ Grade in School _____ (Biological/Adopted/Step) _____

Personal History

How would you describe your child/teen? What are their strengths and areas of growth? _____

Who are your child/teen's main supports? _____

What does your child/teen do on a daily or weekly basis that they would consider fun or relaxing? _____

What is growing up like for your child/teen? _____

What are your family's religious or spiritual beliefs? _____

How would you describe your family's cultural background? _____

Has your family experienced any significant stressors in the last few years (e.g. losses, births, deaths, moves, hospitalizations, financial problems)? _____

Family History

Who does your child/teen live with? What are your current custody arrangements? _____

Do both parents know that you are bringing your child/teen to counseling? Yes No

What other systems are currently involved with your family (e.g. legal/court, medical, educational, CPS)? _____

Problem History

What brings your child/teen to counseling? _____

What attempts has your family made to resolve these difficulties? _____

How do you hope counseling will help? _____

Has your child/teen been in counseling previously? Yes No _____

Health History

Does your child/teen have a primary care physician? Yes No _____

How would you rate your child/teen's overall health? Poor Average Excellent

Does your child/teen have any current or ongoing medical problems? Yes No _____

Is your child/teen currently taking any medications? Yes No _____

Does your child/teen have a current or previous mental health diagnosis? Yes No _____

Does your child/teen have a history of substance use or addiction? Yes No _____

Does anyone in your family have any current or ongoing medical problems? Yes No _____

Does anyone in your family have a current or previous mental health diagnosis? Yes No _____

Does anyone in your family have a history of substance use or addiction? Yes No _____

Additional History

What other information should I have? _____
