

## 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) \_\_\_\_\_

Siblings's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Grade in School \_\_\_\_\_ (Biological/Adopted/Step) \_\_\_\_\_

Siblings's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_