

	CI	LIENT INFORMATION			
Today's Date// Referred	d by: Cli	ent's Name:	Date of Birth:	/ / Age:	
				State:Zip:	
Phone (Home):					
School:	Grade lev	vel: Teacher's	s name:		
Does the child attend church: ☐ Yes	S □ No Child's church:				
Child's custodian/guardian(s) are: _					
	МО	THER'S INFORMATION			
Mother's name:		Date of birth: Age:			
Mother's Address:					
Phone (Home):					
E-mail:	Occupation:		Employer:		
Marital Status: ☐ Married ☐ Enga	ged Widowed Divorced	☐ Separated ☐ Live with	partner Remarried		
If remarried, name of spouse:		Do you attend church?	P 🗆 Yes 🗆 No Church Name:		
	FAT	THER'S INFORMATION			
Father's name:		Da	ate of birth:	Age:	
Father's Address:		City:	State	: Zip:	
Phone (Home):	(work):	(cell):	(other): _		
E-mail:	Occupation:		Employer:		
Marital Status: ☐ Married ☐ Enga	ged Widowed Divorced	☐ Separated ☐ Live with	partner \square Remarried		
If remarried, name of spouse: Do you attend church? Yes No Church Name:					
	EN	MERGENCY CONTACT			
Name:	Phon	e:	Relation:		
	MENT	ΓAL HEALTH TREATMENT			
Has your child ever seen a therapis	t before? ☐ Yes ☐ No Therapis	t/Counselors Name:			
Have you seen a Psychiatrist or Psy					
Have you ever had a mental health	diagnosis? ☐ Yes ☐ No If yes: _				
		DICAL AND INSURANCE			
Primary Care Physician:			Fay	:	
Address:					
			r		



Insurance Information (required to bill insurance):						
Insurance Carrier:	Policy #:					
Name of policy holder:	Policy holder's date of birth: Relationship to Patient:					
Policy holder's address and phone number (i	f different from client):	:				
Policy Holder's Address:		City:		State:	_ Zip:	
Phone (Home): (work):		(c	ell):	(other):		
FOR TRICARE ONLY Active member's Last name:		Active member's first and middle names:				
Active member's social security number:		Client'	s Primary Care Phy	sician:		
	FAIV	IILY COMPOS	ITION			
Who currently reside in the same house	as the client? Please	include fa	mily members as	well.		
NAME	A	GE	RELATIONSHIP			
2.						
3.						
4.						
5.						
	CURF	RENT MEDICA	TIONS			
Name of Medication	Dosage	Frequenc	<u>, , , , , , , , , , , , , , , , , , , </u>	Treatment for		
Name of Medication	Dosage	rrequerie	y	Treatment for		
SCHOOL PERFORMANCE						
What subjects does your child consistently do well in?						
What subjects does your child consistently do poor in?						
Grade tend to be: \Box A \Box A-B \Box B \Box Some C \Box All C \Box C and below Is your child expected to pass school this year? \Box Y \Box N \Box Unsure						
How does your child typically handle homework?						
□ Does homework on their own □ Needs my help to do homework □ Has to be constantly reminded to do homework □ Forgets assignments						
\square Refuses to do homework \square Tries to do homework, but struggles to understand						



CHILD'S INTEREST AND STRENGTHS							
 □ Catching and throwing a ball □ Dancing □ Building models □ Working with electronics □ Reading for pleasure □ Caring for pets / animals □ Understanding what he / she reads □ Learning about science □ Memorizing things for school □ Other: 	□ Running fast □ Art work □ Building things □ Telling stories □ Using his / her imagination □ Reading fast □ Handwriting □ Learning about history □ Singing	 □ Playing an instrument □ Working with machines □ Writing stories / poems □ Remembering where to find things □ Figuring out new reading words □ Learning new spelling words □ Using a computer □ Playing video games □ Playing a particular sport 					
PARENTAL ASSESSMENT OF CHILD							
FEELINGS:	FAILENTAL ASSESSIVIENT OF CHILD						
Restless	□ Sad	☐ Cries easily					
☐ Angers easily	☐ Lacks remorse	☐ Sullen					
☐ Bored easily	□ Irritable	☐ Overly guilty					
☐ Fearful	☐ Shows feelings that concern you	☐ Remembering where to find things					
☐ Reading for pleasure	☐ Using his / her imagination						
BEHAVIOR:							
☐ Has problems in school	☐ Does things that seem strange for age	☐ Destroys possessions or properties					
□ Refuses to talk	 ☐ Overactive ☐ Threatens or harms other children 	☐ Has been in trouble with police					
☐ Involved in sexual activity (ages 10-17)☐ Steals	□ Sets fires	☐ Threatens or harms animals☐ Hurts himself / herself					
☐ Lack interest in things usually enjoyed	☐ Plays sexual games with others, toys	- Harts Hillsell / Hersell					
SOCIAL INTERACTION:	- Flays sexual games with others, toys						
□ Withdraws	☐ Makes little to no eye contact	☐ Clings to you often					
□ Defiant	☐ Argumentative	☐ Difficulty making friends					
☐ Difficulty keeping friends	☐ Severe or frequent tantrums	☐ Picks on others					
☐ Often gets in fights	☐ Doesn't want to go to school	☐ Prefers to be alone					
$\hfill\square$ Concerned about how child interacts with	$\hfill\Box$ Concerned how child interacts with other	$\hfill\Box$ Concerned with how child interacts with					
you	family members	peers or playmates					
THINKING:		Difficulty to a the con-					
□ Daydreams often	☐ Has strange thoughts	☐ Difficulty trusting others					
☐ Has difficulty remembering things☐ Decline in schoolwork/grades	☐ Frequently confused ☐ Talks of death often	 □ Distracted easily □ Talks of suicide often 					
☐ Concerned about child's thinking process	☐ Blames others for misdeeds or thoughts	☐ Sees or hears things that are not there					
PHYSICAL PROBLEMS:		and the metal of the control of the					
☐ Lack of energy	☐ Vomits often	☐ Sneaks food					
☐ Wet pants	☐ Soils pants	☐ Uses laxatives					
\square Refuses to eat	\square Has stomach aches often	☐ Has headaches					
☐ Accident prone	☐ Has lost or gained significant amount of weight	☐ Has sleeping problems; nightmares, sleepwalking, early waking, night waking					

PRESENTING PROBLEM

COASTAL VIRGINIA		CHILD INTAKE
OUNSELING • MEDIATION	Please describe what brings you in here today?	