

PATIENT INFORMATION (MINOR OR DEPENDENT CHILD)

Please Print Clearly

CHILD'S NAME _____ DOB _____ AGE _____ SEX _____

ADDRESS _____

CITY & STATE _____

GRADE IN SCHOOL _____ NAME OF SCHOOL _____ DISTRICT _____

LEGAL GUARDIAN(S): Father _____ Mother _____

FATHER'S OCCUPATION _____ EMPLOYED BY _____

HOME PHONE _____ WORK PHONE _____

FATHER'S SOCIAL SECURITY # _____ DRIVERS LICENSE# _____

MOTHER'S OCCUPATION _____ EMPLOYED BY _____

HOME PHONE _____ WORK PHONE _____

MOTHER'S SOCIAL SECURITY # _____ DRIVERS LICENSE# _____

LEARNED OF PRACTICE FROM _____ MEDICAL INSURANCE: YES NO

INSURANCE CO #1 _____ INSURED'S NAME _____

I.D. # _____ GROUP # _____ INSURED'S SS# _____

INSURANCE CO #2 _____ INSURED'S NAME _____

I.D. # _____ GROUP # _____ INSURED'S SS# _____

PERSON TO CONTACT IN EMERGENCY _____

ADDRESS _____

PHONE _____

(See Other Side)

CONSENT FOR TREATMENT OF MINOR CHILD

Re: _____ Birthdate: _____
Last Name First Middle

I certify that I am the {**father, mother, managing conservator, legal guardian (circle one)**} of the above named child, and I hereby give my authorization and informed consent for the above named child to receive psychological or therapeutic outpatient diagnostic and treatment services from the staff of Professional Psychological Services, PC. I further certify that I have the legal authority to authorize and consent to this treatment.

DATE

LEGALLY AUTHORIZED SIGNATURE

PRINTED NAME

STREET ADDRESS

CITY STATE ZIP

Authorization for Charges to Credit Card

If you wish Professional Psychological Services to file for direct reimbursement by your insurance company, please provide information requested below. Your signature will be your authorization to Professional Psychological Services to charge your credit account for any outstanding balance that exceeds ninety days. You will be notified of any charge made to your account. If your account should be overpaid you will be informed and a reimbursement will be made to you at your request.

CREDIT LINE: MasterCard Visa Discover

Account Number: _____

Card Expiration Date: _____

Name Appearing on Account: _____

Signature: _____

ASSIGNMENT OF INSURANCE BENEFITS

I hereby assign payment of medical benefits for my child by _____ insurance company to Professional Psychological Services, P.C. I also authorize the release of any medical information requested by the above named insurance company. The assignment will remain in effect until revoked by me in writing, a photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

Date

Signature

Biographical Information Form—Child

Instructions: To assist us in helping your child, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to the child, leave them blank.

Information supplied by: _____ Relationship: _____

Personal History

1) Child's Name: _____ 2) Age: _____ 3) Gender: M F

4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____

9) Address _____
Street & Number City State Zip

10) Today's Date: _____ 11) Date of Birth: _____

12) Home Phone: _____ 13) Year in School _____

14) Has the child been involved in previous counseling?: Yes No
If Yes, please describe: _____

15) Why is the child coming to counseling?: _____

16) How long has this problem persisted (from #15)?: _____

17) Under what conditions do the problems usually get worse?: _____

18) Under what conditions are the problems usually improved?: _____

Medical History

19) Name and Address of Physician(s):
Physician's Name: _____
Address: _____
Street & Number City State Zip

Most Recent Physical Exam: _____ Results: _____

20) List any major illnesses and/or operations: _____

21) List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): _____

- 22) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:

- 23) On average how many hours of sleep does the child receive daily?: _____
- 24) Does the child have trouble falling asleep at night? Yes No
 If Yes, how long has this been a problem? _____
- 25) Describe the child's appetite (during the past week):
 poor appetite average appetite large appetite
- 26) What medications (and dosages) are being taken at present, and for what purpose?: _____

Family History

- 27) Mother's age: _____ If deceased, how old was the child when she passed away?: _____
- 28) Father's age: _____ If deceased, how old was the child when he passed away?: _____
- 29) If parents are separated or divorced, how old was the child then?: _____
- 30) Number of brother(s) _____ Their ages _____
- 31) Number of sister(s) _____ Their ages _____
- 32) Child number _____ being in a family of _____ children.
- 33) Is the child adopted or raised with parents other than biological parents?: Yes No
- 34) Briefly describe the child's relationship with brothers and/or sisters:
 Biological siblings: _____

- Step and/or half siblings: _____

- Other: _____

- 35) What is the family relationship between the child and his/her custodial parents?
 Check all that apply:
 Single parent mother Single parent father Parents unmarried
 Parents married, together Parents divorced Parents separated
 With mother and stepfather With father and stepmother
 Child adopted Other, describe _____
- 36) Is there a history or recent occurrence(s) of child abuse to this child? Yes No
 If Yes, which type(s) of abuse? Verbal Physical Sexual
 Comments: _____

37) Parents' occupations: Mother _____ Father _____

38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:

40) Please fill in when the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

42) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as *below* average, please describe current areas of concern. Be specific.

43) List the child's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

44) List the child's three greatest weaknesses or needed areas of improvement:

- 1) _____
- 2) _____
- 3) _____

45) List the child's main difficulties at school:

- 1) _____
- 2) _____
- 3) _____

46) List the child's main difficulties at home:

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe the child's friendships: _____

48) What report card grades does the child usually receive?: _____
Have these changed lately?: ___ Yes ___ No If Yes, how?: _____

49) Briefly describe the child's hobbies and interests: _____

50) Describe how the child is disciplined: _____

51) For what reasons is the child disciplined? _____

Behaviors of Concern

Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

1) Loses temper easily	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
2) Argues with adults	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
3) Refuses adults' requests	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
4) Deliberately annoys people	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
5) Blames others for own mistakes	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
6) Easily annoyed by others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
7) Angry/resentful	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
8) Spiteful/vindictive	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
9) Defiant	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
10) Bullies/teases others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
11) Initiates fights	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
12) Uses a weapon	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
13) Physically cruel to people	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
14) Physically cruel to animals	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
15) Stealing	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
16) Forced sexual activity	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
17) Intentional arson	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
18) Burglary	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
19) "Cons" other people	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
20) Runs away from home	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
21) Truant at school	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
22) Doesn't pay attention to details	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
23) Several careless mistakes	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
24) Does not listen when spoken to	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
25) Doesn't finish chores/homework	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
26) Difficulty organizing tasks	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
27) Loses things	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
28) Easily distracted	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
29) Forgetful in daily activities	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
30) Fidgety/squirmy	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
31) Difficulty remaining seated	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
32) Runs/climbs around excessively	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
33) Difficulty playing quietly	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
34) Hyperactive	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
35) Difficulty awaiting turn	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
36) Interrupts others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
37) Problems pronouncing words	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
38) Poor grades in school	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
39) Expelled from school	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
40) Drug abuse	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
41) Alcohol consumption	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
42) Depression	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
43) Shy/avoidant/withdrawn	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
44) Suicidal threats/attempts	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
45) Fatigued	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
46) Anxious/nervous	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
47) Excessive worrying	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
48) Sleep disturbance	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
49) Panic attacks	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
50) Mood shifts	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently

53) For each of the behaviors noted on the previous page as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page as needed.

Behaviors of Concern

Impact on Child or Others

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

54) Briefly describe the child's ways of expressing the following emotions or behaviors:

ANGER: _____

HAPPINESS: _____

SADNESS: _____

ANXIETY: _____

55) List the child's behaviors that you would like to see change: _____

56) Additional information you believe would be helpful: _____

PLEASE BE SURE TO BRING THESE FORMS TO THE FIRST APPOINTMENT. IF NEED BE, YOU MAY ARRIVE SUFFICIENTLY BEFORE THE SCHEDULED APPOINTMENT TIME SO THE FORMS MAY BE COMPLETED BEFORE THE CHILD'S SESSION.