



Office Use Only:	Home Phone	Cell	Text	Email
Caregiver 1:	call msg	call msg	Adm	Adm T
Caregiver 2:	call msg	call msg	Adm	Adm T

Child/Adolescent Client Information Form

Form Completed by: _____ Today's date: _____

A. Identification

Child/Adolescent's name: _____ Date of Birth: _____ Age: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

B. Chief Concern: Please describe the main difficulty that has brought you to therapy.

C. Referral: How did you hear about the Institute for Couple and Family Enhancement?

D. Child/Adolescent's Race/Ethnicity (check all that apply):

- Anglo/Caucasian
- African-American
- Hispanic or Latino/a
- Other:

E. Information about Child/Adolescent:

What are this child's strengths?

What are this child's favorite activities?

What are this child's favorite toys or possessions?

What are this child's favorite books, TV shows, and movies?

How is this child disciplined by caregivers/parents, and for what reasons?

F. Daycare or School Information

Which school does this child/adolescent attend? _____ Grade: _____

Describe child's academic, social, and behavioral evaluations by school personnel over the past year.

Child's Grades (circle all that apply if applicable): A's B's C's D's F's

Child's School Conduct Ratings (if applicable): N S E

Comments: _____

G. Child/Adolescent's Medical Information:

From whom or where does this child get medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

Most recent examinations:

Type of examination	Approximate date of most recent visit	Results
Physical examination	_____	_____
Hearing examination	_____	_____
Vision examination	_____	_____

May your ICFE clinician contact the child's medical doctor to coordinate his/her treatment? Yes No
(Separate release of information will be required)

Please list all medications or drugs taken by this child in the last year—prescribed, over-the-counter, and others.

Medication/ Drug	Dose (how much?)	Taken for:	Prescribed and supervised by:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has this child ever attended counseling or therapy before? Yes No

If yes, describe when, where, and for what condition: _____

Was this a helpful experience? Yes No

H. Other adults significantly involved in the care of this child/adolescent?

I. Legal or Other Involvement

Is this child required by a court, a probation officer, or school official to seek counseling at this time?

Yes No If so, describe: _____

Is anyone in this child's family currently / recently involved in any court proceedings? Yes No

If so, describe: _____

J. Other Children in Family (list all full-, half-, or step-siblings, even if they do not reside in the same home; Please be prepared to provide documentation that you have legal authority to consent for the treatment of any minors attending therapy.)

Name	Current age	Sex	Childcare or School Attending	Grade
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

K. Parent/Guardian Information

MOTHER/CAREGIVER (Check one: Birth parent Adoptive parent Step-parent Other _____)

Name : _____ Date of Birth: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Will be participating in therapy process? Yes Unsure No

Home/evening phone: _____ May I call her at home? Yes No

May I leave a message for her at home? Yes No Any restrictions? _____

Employer: _____ Address: _____

Work phone: _____ May I call her at work? Yes No

May I leave a message for her at work? Yes No Any restrictions? _____

Cell phone: _____ May I leave a message on the cell phone? Yes No

Email address: _____

May I periodically share ICFE newsletters and information by email? Yes No

Check all that apply:

- No legal actions have impacted parental rights/duties
- Individual is a Joint Managing Conservator for this child with legal rights and duties articulated in legal document, such as a divorce decree*
- Individual is a Sole Managing Conservator with exclusive legal rights and duties articulated in a legal document, such as a divorce decree*
- Individual is aware of engagement of therapeutic services for this child.
- Individual is in agreement with engagement of therapeutic services for this child.

FATHER/CAREGIVER (Check one: Birth parent Adoptive parent Step-parent Other _____)

Name: _____ Date of Birth: _____

Check here if father and mother live at same address (then only complete phone numbers):

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Will be participating in therapy process? Yes Unsure No

Home/evening phone: _____ May I call him at home? Yes No

Does he have an answering machine on the phone? Yes No

May I leave a message for him at home? Yes No Any restrictions? _____

Employer: _____ Address: _____

Work phone: _____ May I call him at work? Yes No

May I leave a message for him at work? Yes No Any restrictions? _____

Cell phone: _____ May I leave a message on the cell phone? Yes No

Email address: _____

May I periodically share ICFE newsletters and information by email? Yes No

Check all that apply:

- No legal actions have impacted parental rights/duties
- Individual is a Joint Managing Conservator for this child with legal rights and duties articulated in legal document, such as a divorce decree*
- Individual is a Sole Managing Conservator with exclusive legal rights and duties articulated in a legal document, such as a divorce decree*
- Individual is aware of engagement of therapeutic services for this child.
- Individual is in agreement with engagement of therapeutic services for this child.

* Please provide a copy of any legal document impacting guardianship/conservatorship and rights/duties related to psychological and mental health care.

Please use this remaining space for any other information you believe I need to know about your child, family, or circumstances: