



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: _____

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?

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

Parent/Guardian 1:(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 him/her at home? Yes No

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

Employer: _____ Address: _____

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

May I leave a message for him/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.

Parent/Guardian 2:(Check one: Birth parent Adoptive parent Step-parent Other _____)

Name: _____ Date of Birth: _____

Check here if parent/guardian 1 and parent guardian 2 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/her at home? Yes No

Does he/she 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/her at work? Yes No

May I leave a message for him/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.*

* 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: