



| 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
- Hispanic or Latino/a
- African-American
- 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?**

\_\_\_\_\_

\_\_\_\_\_



**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: