PARKVIEW
EMPLOYEE ASSISTANCE PROGRAM

CHILD INFORMATION FORM

To be completed by or with *parent/guardian if client is a minor*

Why are you seeking counseling for your child at this time? _____

_____

_____

How long have you had these concerns about your child? _____

_____

_____

Has your child had previous counseling? ❑ Yes ❑ No **If yes, when?** _____
Where? _____

Custody, if parents divorced/separated: ❑ Legal ❑ Physical ❑ Joint ❑ Sole

Where did your child grow up? _____

With whom does your child reside now? _____

Does your child have any medical problems? _____

Is your child on medication? _____

Were there any problems during pregnancy or early development of your child? _____

_____

_____

Where does your child attend school? _____ **Grade:** _____

What does your child want to be when they grow up? _____

Does your child have positive relationships with other children? ❑ Yes ❑ No

What are your child's strengths? _____

_____

What activities are your child involved in and what do they enjoy most? _____

_____

_____

Please check any of the following which apply to your child:

- ❑ Headaches
- ❑ Stomach trouble
- ❑ Insomnia
- ❑ Oversleeps
- ❑ Suicidal ideas
- ❑ Sexual problems
- ❑ Other frequent physical complaints
- ❑ Memory problems
- ❑ Indecisive
- ❑ Chronic violation of parental limits
- ❑ Depressed
- ❑ Intrusive thoughts
- ❑ Overeating
- ❑ Chronic illness
- ❑ Chronic pain
- ❑ Trauma
- ❑ Non-confident
- ❑ Grief/loss
- ❑ No appetite
- ❑ Nightmares
- ❑ Phobias/fears
- ❑ Anxious
- ❑ Can't make friends
- ❑ Hopeless
- ❑ Racing thoughts
- ❑ Harmful to self
- ❑ Harmful to others
- ❑ Violent to property
- ❑ Immaturity
- ❑ Weight problem
- ❑ Claims loneliness
- ❑ Other: _____
- ❑ Lying
- ❑ Steal, shoplift
- ❑ Runaway
- ❑ Hurts animals
- ❑ Negative peer grp
- ❑
- ❑
- ❑ Acts impulsively without thinking
- ❑ Concentration difficulties
- ❑ Tense/can't relax
- ❑ Academic problems
- ❑ Refuse to attend school
- ❑ Behavior problems at school
- ❑ Severe mood changes
- ❑ Separation Anxiety
- ❑
- ❑

Trouble managing use of:

- ❑ Gambling
- ❑ Pornography
- ❑ Shopping / Spending
- ❑ Gaming
- ❑ Social media

What other information would you like to add about your child?