



New Client Information

Referred By: _____

Today's Date: ____/____/____

I. Client Information

Client name: _____ Birth Date: _____ Age: _____ Gender: _____

Client cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian #1: _____ Home Phone: _____ Work phone: _____

Guardian cell Phone: _____ Email: _____

Guardian #2: _____ Cell phone: _____ Work phone: _____

Email: _____ email (other) _____

Other #3: _____ Cell phone: _____ Work phone: _____

Email: _____ email (other) _____

In case of emergency, please notify:

Name: _____ Phone: _____ Relationship: _____

Please complete this section for others residing in the client's home:

Name	Birth Date	Age	Relationship to Client	Gender

II. Guardian's Occupational/Educational Status

Father currently employed? Yes/No If yes, Full-Time/Part-Time Occupation: _____

Mother currently employed? Yes/No If yes, Full-Time/Part-Time Occupation: _____

If guardian/s not employed, please check any of the following: Retired Unemployed Disability Student

III. Client's Health Status

Current or chronic medical issues: _____

Primary Care Doctor: _____ Phone: _____

IV. Client's Medication History

Has your child previously taken medications for emotional/substance abuse problems? YES ___ NO ___

Name: _____

Name: _____

Name: _____

Dose (mg):
Frequency:

Dose (mg):
Frequency:

Dose (mg):
Frequency:

Is your child currently taking any medications for emotional/substance abuse problems? YES___ NO___

Name:

Name:

Name:

Dose (mg):

Dose (mg):

Dose (mg):

Frequency:

Frequency:

Frequency:

Other medications: _____

Prescribing Physician: _____ Phone: _____

V. Client's Mental Health History

Has your child had prior mental health related services? YES___ NO___

	Therapist/Facility	Date	Duration	Outcome
Prior Therapy	1)	1)	1)	1)
	2)	2)	2)	2)
	3)	3)	3)	3)
Prior Hospitalization(s)	1)	1)	1)	1)
	2)	2)	2)	2)
	3)	3)	3)	3)

VI. Problem Category (please check all that apply):

Emotional Health Family issues Work-related Financial Substance use/abuse Eating disorder
 Children Legal Suicide Risk Abuse/Violence Health-related Developmental
 Parent's relationship issues Parent-Child issues Social/other relationship issues Other: _____

VII. Family history

Describe any family behavioral health issues or diagnosis.

VIII. Please circle below. If mom, dad, and child would each like to answer, please ask for another scaling sheet or mom circle the number, father put an "X" and child/ren put the initial for their name next to the chosen number.

How well would you say your child/children behave regarding:

Not at all
or poorly

Very well
or great

- Listening to you within 1-2 requests? 1 2 3 4 5 6 7 8 9 10

- Going to bed at night? 1 2 3 4 5 6 7 8 9 10
- Temper tantrums? 1 2 3 4 5 6 7 8 9 10
- Getting good grades in school? 1 2 3 4 5 6 7 8 9 10
- Behavior in school? 1 2 3 4 5 6 7 8 9 10
- Talking back? 1 2 3 4 5 6 7 8 9 10
- Using foul language? 1 2 3 4 5 6 7 8 9 10
- Fighting with siblings? 1 2 3 4 5 6 7 8 9 10
- Getting along with other children? 1 2 3 4 5 6 7 8 9 10
- Manners? 1 2 3 4 5 6 7 8 9 10

For mom and dad:

- As parents do you agree on discipline for your children?
1 2 3 4 5 6 7 8 9 10
- Do you feel the amount of work at home is split up fairly?
1 2 3 4 5 6 7 8 9 10
- Do you argue about your children?
1 2 3 4 5 6 7 8 9 10

Is there anything else that we should know about you/your family to better serve you?

IX. Client Background information

The following information is optional but will help us to better serve you.

Ethnicity		Highest Level of Education of primary Guardian	
American Indian/Alaskan Native	Caucasian/White	No High school	Associate's Degree
Asian or Pacific Islander	Bi-Racial	Some High school	Bachelor's Degree
African-American/Black	Multi-Racial	High School Diploma	Master's Degree
Hispanic/Latino/a	_____	Technical School	Doctoral Degree
		Degree in: _____	
Marital Status of parent's		Sexual Orientation	
Living Together/Not Married	Separated	Heterosexual	Transgendered
Married	Divorced	Gay/Lesbian	Not sure/questioning
Widowed		Bisexual	
Religious/Spiritual Affiliation:			
