



**CONFIDENTIAL CLIENT INFORMATION
FOR MINOR CHILDREN**

To save time, please supply the information below to the best of your ability. It is all covered by client confidentiality. However, if there is anything you do not wish to reveal at this time, please leave that space blank. Minor children should help to complete this form if possible. When accessing from my website please print form and use back of sheet if necessary.

Date _____ **Referred by** _____

Name of Client _____ **Date of Birth** _____

Name of parent(s) or guardian(s) _____

Home address _____

Mailing Address (if different) _____

Email address (of parent/guardian) _____

Telephone (home) _____ **(office)** _____ **(cell)** _____

Emergency Contact Phone _____

Relationship _____

Members of household (names, relationship, ages) Use back of sheet if necessary.

Education

Name of school and grade _____

If employed, list name of employer and job title _____

Length of employment _____

Insurance Provider/Plan _____

Social Security number of parent/guardian _____

Describe the reason(s) you are seeking counseling for your minor child and then check items below (use back of sheet if necessary).

Please check any of the symptoms below that apply to you now or have applied within the last six months:

- Sleep disturbance Indicate too much or too little _____
 - Extreme sadness
 - Trouble concentrating
 - Memory problems
 - Change in eating habits (eating more or less than usual)
 - Lack of enjoyment of activities that once were pleasurable
 - Feeling helpless to change anything
 - Lack of energy
 - Easily irritated
 - Easily stressed
 - Poor self-esteem
 - Frequently tearful when there is no obvious reason
 - Self injurious behavior (cutting, etc.)
 - Suicidal thoughts ___ suicidal plans ___ suicide attempt ___
 - Thoughts of hurting someone else
 - Inappropriate expression of anger such as screaming or aggressive/violent behavior towards others
 - Extreme fears or phobias
 - Panic attacks
 - feeling anxious most of the day
 - Unexplained mood changes
 - Obsessions and/or compulsions
 - Impulsive behavior (inability to stop yourself from doing potentially harmful acts)
 - Hearing voices in your head
 - Physical problems that have no known physiological cause (list) _____
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- Alcohol abuse or dependence (please describe on back of this sheet)
 - Drug abuse or dependence (please describe on back of this sheet)

Describe any additional issues that have brought your minor child to counseling. Include parenting problems, marital problems or problems with non-custodial parent or extended family. Minor children should add their own comments to this section if they so desire. Skip this section if information was provided above. Use back of sheet if necessary.

If your minor child has received in-patient treatment for psychiatric or emotional problems please complete the following:

Date and length of last in-patient treatment _____

Name of facility _____

Reason(s) for admission _____

Other in-patient treatment (dates, length, name of facility, reason for admission) Use back of sheet.

If your minor child has received out-patient counseling please complete the following:

Name of practitioner _____ (use back of sheet if necessary for others)

Approximate length of treatment _____

Reason(s) for entering counseling _____

Prescribed medications your minor child is taking now or has ever taken for emotional or psychiatric problems including approximate dates and dosages. Use back of this sheet.

Over-the-counter medications your minor child takes regularly and reason for use. Use back of this sheet.

Have any family members ever been treated for emotional problems or addictions? Use back of sheet if necessary. _____

Family Physician or pediatrician _____ **Address and phone number if known**

Please circle Y or N below:

I give Mark Littman permission to contact 3rd party insurance providers if necessary. Y N

I give Mark Littman permission to contact me (or minor child) via the Internet if necessary. Y N

I give Mark Littman permission to identify himself to anyone who may answer the telephone at the number provided above. Y N

Signature of parent/guardian _____ **Date** _____