Sarah Scott Dooling, LCSW
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Child Client Information Form

Name ____

Address ____

____

Date of Birth_________________________________ Age ____________________

Preferred Contact Number ________________ E-mail Address______________________

Can a message be left at the above number? ☐ Yes ☐ No

Would you prefer to be contacted by phone or email? ☐ Phone ☐ Email

Marital Status of Parents:

☐ Married ☐ Remarried ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Please list names and ages of siblings ____

____

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Who referred you? ____

May I contact this person? ____

In case of an emergency, contact…

Name ________________________________ Phone ________________

Can a message be left on answering machines? ☐ Yes ☐ No

Symptoms & Concerns

Please check any that apply and circle those that are the most significant.

- ☐ Adjustments (new school, new sibling)
- ☐ Anxiety/Worry
- ☐ Sadness/Depression
- ☐ Sleeping difficulties
- ☐ Learning disability
- ☐ Nightmares
- ☐ Grief/Loss
- ☐ Personal growth
- ☐ Mood changes
- ☐ Peer/Social Relationships
- ☐ Chronic/terminal illness
- ☐ Parent-child relationship problem
- ☐ Trauma
- ☐ Abuse or assault victim
- ☐ Anger/Irritability

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Please describe any of the above in more detail or give a brief description of any additional concerns:

____

____

____

____

Family or personal history of emotional or behavioral difficulties? ☐ Yes ☐ No If yes, please describe:

____

____

Family or personal history of alcohol/drug/substance abuse? ☐ Yes ☐ No If yes, please describe:

____

____

Family or personal history of family violence or criminal activity? ☐ Yes ☐ No If yes, please describe:

____

____

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Has the child ever seen a mental health professional (psychiatrist, psychologist, or counselor)? If so, please list when and why they were seen.

____

____

Is the child currently taking any medications? If yes, please list ______________________________

____

Signatures: I certify that the information provided above is accurate to the best of my knowledge.

____ ______________________
Guardian Signature Date