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Today's Date:

CLIENT INFORMATION:

Child Name: _____ DOB: _____ Gender _____
Race/Ethnic Origin _____
Religious Identity: _____
School: _____ Grade: _____
Referred by: _____
Reason for seeking counseling? _____

FAMILY INFORMATION

Parent/Guardian 1: _____
Home Address: _____

(H) Phone: _____ (C) Phone: _____

(W) Phone: _____ Email: _____

**Please indicate the best number to reach you at or best way to contact you.*

May I leave a message identifying who I am? Yes No

Occupation: _____ Employer _____

Parent/Guardian 2: _____

Home Address: _____

(H) Phone: _____ (C) Phone: _____

(W) Phone: _____ Email: _____

**Please indicate the best number to reach you at or best way to contact you.*
May I leave a message identifying who I am? Yes No

Occupation: _____ Employer _____

Are you and your child's other parent:

Married to each other? Yes / No If so, how long? _____

Living together but not married? Yes / No If so, how long? _____

Divorced or Separated from each other? Yes/ No If so, how long? _____

How long were you married before you were divorced/separated? _____

IF YOU AND YOUR CHILD'S OTHER PARENT ARE DIVORCED OR SEPARATED, PLEASE EXPLAIN CUSTODY* AND VISITATION ARRANGEMENTS PER COURT AGREEMENT. (If a court agreement does not exist, please write so).

*PLEASE NOTE THAT IF YOU AND YOUR CHILD'S OTHER PARENT ARE DIVORCED/ SEPARATED AND HAVE *JOINT CUSTODY*, THEN BOTH PARENTS MUST SIGN THE "PERMISSION TO TREAT" FORM IN ORDER FOR THERAPY TO BEGIN.

*PLEASE NOTE THAT A COPY OF THE DIVORCE / SEPARATION AGREEMENT WILL BE REQUIRED FOR YOUR CHILD'S CHART IN ORDER FOR THERAPY TO BEGIN.

EMERGENCY CONTACT INFORMATION (Please provide someone other than yourself and the child's other parent).

Name: _____

Relationship: _____

(H) Phone: _____ (C) Phone: _____

(W) Phone: _____ Email: _____

Child's Siblings: Please specify step-siblings and half-siblings if necessary.

NAME	SIBLING	AGE
_____	Brother / Sister	_____
_____	Brother / Sister	_____
_____	Brother / Sister	_____
_____	Brother / Sister	_____

DEVELOPMENT INFORMATION

Duration of Pregnancy: Full Term? Y/N If born premature, list number of weeks ____

Complications? Yes / No

If yes, describe (i.e. substance use, maternal health, etc.):

Did your child have any health problems at birth? Yes / No

If yes, please describe:

Did you child experience any development delays (e.g. walking, talking) Yes/ No

If yes, please describe:

Has your child experienced emotional, physical or sexual abuse? Yes/ No

If yes, please describe:

Was your child adopted? Yes/No

If so, please fill in as much information as possible.

MEDICAL HISTORY

Pediatrician Name: _____

Phone: _____

Is your/the child on any medications? (Please include any over-the-counter medication that is used regularly). Y / N

NAME	DOSEAGE	FREQUENCY	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did/Does your child have any complications with sleeping? Y / N

If yes, please explain?

COUNSELING HISTORY:

Has your child ever been seen by a mental health professional in the past? Y / N

If yes, please indicate who, when and why:

Did your child have a previous mental health diagnosis? Yes/No

If yes, please provide the diagnosis:

FAMILY HISTORY

Does anyone in the family have a history of medical illness?

If yes, please explain:

Does anyone in the family have a history of psychiatric illness?

If yes, please explain?

Does anyone in the family have a history of trauma?

If yes, please explain:

CHEMICAL USE

Do you have any concerns with your son or daughter using alcohol or drugs?

Yes/No

If yes, please explain your concern:

SOCIAL MEDIA AND INTERSTS

Do you have any concerns with your son or daughter using the internet or electronic communications such as Facebook, Snapchat, Twitter, texting, etc...)? Yes/No

If yes, please explain your concern:

What are your child's extracurricular activities?

What does your child most enjoy doing?

What does your child most dislike doing?

List your child's areas of strength:

Is there anything else you think is important for me to know about your child? Yes /

No If so, please explain below.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE