# MAPS Counseling Services

## Personal Information Form for Children

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603-355-2244

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Peterborough, NH 03458
603-924-2240

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***INSTRUCTIONS:*** *This confidential form is for the use of your child's therapist. Please complete both sides as carefully & clearly as possible.*

Today's Date: _____

**CHILD & FAMILY INFORMATION**

**Child's Name:** _____ Social Security Number: _____

Child's Date of Birth: _____ Age: _____ Sex: ☐ M ☐ F Citizenship: ☐ US ☐ Other: _____

**Mother's Name:** _____ Address: _____

City: _____ State: _____ Zip: _____ Occupation/Employer: _____

Mother's Date of Birth: _____ Phones: Home: _____ Work: _____ Cell: _____

**Father's Name:** _____ Address: _____

City: _____ State: _____ Zip: _____ Occupation/Employer: _____

Father's Date of Birth: _____ Phones: Home: _____ Work: _____ Cell: _____

Are the child's parents: ☐ Married? ☐ Partnered/Living together? ☐ Separated/Living apart? ☐ Divorced? ☐ Widowed?

Is there a legal parenting plan? ☐Yes ☐No If yes, please describe: _____

Are the all of the child's legal caregivers (parents & step-parents) aware and supportive of counseling at this time?? ☐Yes ☐No

| Names of parents or caregivers in child's ***primary*** residence | Age | Relationship to the child? | Occupation? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Names of parents or caregivers in child's ***secondary*** residence | Age | Relationship to the child? | Occupation? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Names of brothers & sisters. Indicate if step-, half-, or adopted. | Age | Lives with? | School or Occupation? |
|---|---|---|---|
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**HEALTH INSURANCE INFORMATION**

Name of Insurance: _____ ID No.: _____ Group No.: _____

Name of Subscriber: _____ Subscriber's Soc. Sec. No.: _____

Subscriber's Employer: _____ Subscriber's relationship to the child: _____

***Form continues on the other side.***

**SCHOOL INFORMATION**

Name of School: _____ Grade: _____ Teacher: _____

Is there an IEP or accommodation plan at school? ☐Yes ☐No If yes, please describe: _____

**HEALTH INFORMATION**

Was your child born full-term? ☐Yes ☐No Indicate any problems or abnormalities with the pregnancy, birth or developmental milestones:

Any current health concerns? ☐Yes ☐No Specify: _____

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Any current or past concerns with: | | Eating? | ☐Yes | ☐No | Sleeping? | ☐Yes | ☐No | Vision? | ☐Yes | ☐No |
| Hearing? | ☐Yes ☐No | Speech? | ☐Yes | ☐No | Bowel movements? | ☐Yes | ☐No | Urination? | ☐Yes | ☐No |
| High-risk behavior? | ☐Yes ☐No | Smoking? | ☐Yes | ☐No | Alcohol use? | ☐Yes | ☐No | Drug use? | ☐Yes | ☐No |

Other? ☐Yes ☐No (specify) _____

What medications does your child take regularly or occasionally? _____

Child's Pediatrician: _____ Location: _____ Phone No.: _____

Other Physicians: _____

**RELIGIOUS OR SPIRITUAL BACKGROUND**

Does your family practice a religion or spiritual tradition? ☐Yes ☐No If yes, specify: _____

Does your child follow their own religion or spiritual tradition? ☐Yes ☐No If yes, specify: _____

Recent changes in family's spiritual life: _____

**CURRENT ISSUES AND PROBLEMS**

Reasons for coming to therapy: _____

Has the child or family members had previous counseling? ☐Yes ☐No If yes, list therapist/agency names: _____

Please check any issues below that currently cause problems for your child or your family:

| | | | | | |
|---|---|---|---|---|---|
| ☐ Financial troubles | ☐ Drug or alcohol use | ☐ Recent move | ☐ Physical abuse | ☐ Sexual abuse | ☐ Medical problems |
| ☐ Parental conflicts | ☐ Sibling conflicts | ☐ Peer conflicts | ☐ School problems | ☐ Legal problems | ☐ Mental health problems |
| ☐ DCYF involvement | ☐ Family death/losses | ☐ Other (specify): _____ | | | |

Which adjectives below best describe your child now?

| | | | | | | |
|---|---|---|---|---|---|---|
| ☐ Self-confident | ☐ Persistent | ☐ Excitable | ☐ Impatient | ☐ Impulsive | ☐ Shy | ☐ Sad |
| ☐ Hyperactive | ☐ Anxious/worrying | ☐ Imaginative | ☐ Irritable | ☐ Moody | ☐ Angry | ☐ Happy |
| ☐ Fearful | ☐ Ashamed | ☐ Low energy | ☐ Trouble concentrating | ☐ Panic attacks | ☐ Smart | ☐ Athletic |
| ☐ Too few friends | ☐ Many friends | ☐ Respects adults | ☐ Disrespects adults | ☐ Hard-working | ☐ Calm | ☐ Lazy |
| ☐ Good student | ☐ Average student | ☐ Poor student | ☐ Highly variable/unpredictable school performance | | | |

Please list significant events, concerns, or anything else that may help us better understand your child and your family's background: