Maps Counseling Services

Navigating Life's Challenges

Personal Information Form for Children

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

Today's Date: ______________

CHILD & FAMILY INFORMATION

Child's Name: ______________________ Sex/Gender: ______________

Child's Date of Birth: ______________ Age: ________ 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 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 client's siblings. Indicate if step-, half-, or adopted.	Age	Lives with?	School or Occupation?

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 follow particular religious or spiritual tradition(s)? ☐ Yes ☐ No If yes, specify: ______________________

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

How important is spirituality in your family's or your child's 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: