

APPLICATION FOR CHILD/ADOLESCENT SERVICES:

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_ ITY,  
STATE, ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
CHILD'S SCHOOL \_\_\_\_\_  
TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

**CHILD'S PRIMARY HOME:**

**MOTHER/STEPMOTHER** \_\_\_\_\_ AGE \_\_\_\_\_  
EDUCATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ INCOME \_\_\_\_\_  
WORK PHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_ CELL PHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_

**FATHER/STEPFATHER** \_\_\_\_\_ AGE \_\_\_\_\_  
EDUCATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ INCOME \_\_\_\_\_  
WORK PHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_ CELL PHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_

*May we send you a newsletter on adolescent behavior disorders? If so, please give us your email address and put \* by your name*

\* \_\_\_\_\_

**CHILD'S OTHER HOME:**

**MOTHER/STEPMOTHER** \_\_\_\_\_ AGE \_\_\_\_\_  
EDUCATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ INCOME \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**FATHER/STEPFATHER** \_\_\_\_\_ AGE \_\_\_\_\_  
EDUCATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ INCOME \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

*May we send you a newsletter on adolescent behavior disorders twice a year? If so, please give us your email address and put a \* by your name*

\* \_\_\_\_\_

**HEALTH COVERAGE:**

WHO REFERRED YOU TO THIS PRACTICE? \_\_\_\_\_  
INSURANCE PLAN \_\_\_\_\_ SUBSCRIBER \_\_\_\_\_  
DID YOU INQUIRE ABOUT YOUR BENEFITS? \_\_\_\_\_  
DID YOU NEED TO OBTAIN PRE-AUTHORIZATION FOR VISITS? \_\_\_\_\_  
DID YOU DO SO? \_\_\_\_\_ HOW MANY VISITS WERE APPROVED? \_\_\_\_\_



**CLINICAL INFORMATION:**

PEDIATRICIAN \_\_\_\_\_ PHONE \_ \_ \_ / \_ \_ \_ - \_ \_ \_ \_  
MAY WE CONTACT HIM/HER? \_\_\_\_\_

Is your child currently being treated by a pediatrician/physician for an ongoing **medical problem**? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child currently being treated by the pediatrician/psychiatrist for an ongoing **behavioral problem**? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

What medications is your child taking? \_\_\_\_\_  
\_\_\_\_\_

Has your child had a history of serious illnesses, diseases, accidents, **trauma**, or head injuries? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child had a history of **developmental delays** in walking, talking, potty training, etc.? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child had a history of serious mental/physical/sexual **abuse**? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child ever made a serious **suicide attempt**? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been **hospitalized** for a psychiatric, substance abuse, or behavior problem? If so, when, where, for what problem, and how long? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had an **evaluation** by a school psychologist or a private psychol-ogist? When? For what reason? Do you have a copy of the report? May we have a copy?  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had **counseling**/psychotherapy/family counseling with a mental health professional? By whom? When? For what reason? Were you satisfied with the treatment? Please explain  
\_\_\_\_\_  
\_\_\_\_\_

Please explain in a few sentences the current emotional/behavioral problems your child is having  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

