REGAIN BALANCE
Counselling, Health & Wellbeing
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CONFIDENTIAL CHILD REGISTRATION AND INFORMATION FORM (ONE PER CHILD)

Name of child: _____ **Date of Birth:** _____ **Age:** _____

Name of parents/guardians: _____

Address: _____

What is the main concern, reason, or issue for you bringing your child to counselling today?

Please indicate if any of the following are relevant to your child:

☐ Anger	☐ Difficulty relaxing	☐ Self-esteem
☐ Anxiety/Worry	☐ Eating difficulties/disorders	☐ Excessive negative talk.
☐ Bullying	☐ Family separation	☐ Self-harm
☐ Birth difficulties	☐ Excessive or irrational fears	☐ Sleeping difficulties.
☐ Changes in behaviour	☐ Grief/loss	☐ Violent behaviour
☐ Control of emotions	☐ Friendships/social interactions	☐ Withdrawal
☐ Cruelty to animals	☐ Lack of empathy	☐ Trauma
☐ Difficulty self-calming	☐ Learning difficulties	☐ Obsessive behaviours
☐ Depression	☐ Night terrors	☐ Development concerns

Any other comments you would like to share:

_____

CHILD'S MEDICAL HISTORY

1. Pregnancy
   - ☐ Full-term
   - ☐ Premature
   - ☐ Complications

2. Child's birth
   - ☐ Natural
   - ☐ Caesarean
   - ☐ Complications (including Post-natal depression)

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3. Has your child been diagnosed with?

- ☐ Allergies
- ☐ Asthma
- ☐ Diabetes

Is your child currently taking any regular prescribed medication?

_____

4. Has your child ever been assessed for?

- ☐ Autism Spectrum disorders (ASD's)
- ☐ Asperger Syndrome
- ☐ Attention deficit disorder (ADD) or Attention Hyperactivity Disorder (ADHD)
- ☐ Epilepsy
- ☐ Headaches
- ☐ Mental Illness
- ☐ Physical injuries/Illness
- ☐ Problems with back, neck, shoulders
- ☐ 'Sore tummy' (cramps, ache)
- ☐ Other – please specify _____

5. Please indicate if any of the changes listed below have been experienced by child/family in the past two years:

- ☐ Birth of a sibling
- ☐ Child living with other carer's
- ☐ Death of close friend or relative
- ☐ Family separation or divorce
- ☐ Moved to a new house
- ☐ Changed school or started school
- ☐ Financial hardship or job loss in family
- ☐ Parent remarries or new partner
- ☐ Serious illness/injury in family
- ☐ Other significant change (please specify)

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