

David Marks
Family Life Counselor
familylifehealing.com
(413) 203-5977
david@familylifehealing.com

Child and Adolescent Information Form

(Please print clearly and fill in all information. Thank you.)

Child's Name: _____ Nickname: _____

Date of Birth (Month/Day/Year): _____

Preferred Pronouns (Please Circle): She/Her/Hers • He/Him/His • They/Their/Theirs • Other (_____)

Name of Person Completing This Form: _____

Relationship to Child (Please Circle): Biological Parent • Adoptive Parent • Guardian • Step Parent

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone # (If Applicable): _____

Emergency Contact (Name, Relationship, Phone #): _____

~~~~~  
Parent/Guardian #1 Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Preferred Pronouns (Please Circle): She/Her/Hers • He/Him/His • They/Their/Theirs • Other (\_\_\_\_\_)

Relationship to Child (Please Circle): Biological Parent • Adoptive Parent • Guardian • Step Parent

Are You Presently (Please Circle:) Married to Parent Of Child • Divorced and Remarried  
• Divorced and in a Relationship • Single • Other: (\_\_\_\_\_)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone #'s Where I May Call and Leave a Message:

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_  
~~~~~

Parent/Guardian #2 Name: _____

Date of Birth (Month/Day/Year): _____

Preferred Pronouns (Please Circle): She/Her/Hers • He/Him/His • They/Their/Theirs • Other (_____)

Relationship to Child (Please Circle): Biological Parent • Adoptive Parent • Guardian • Step Parent

Are You Presently (Please Circle:) Married to Parent Of Child • Divorced and Remarried
• Divorced and in a Relationship • Single • Other: (_____)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Phone #'s Where I May Call and Leave a Message:

Cell: _____

Home: _____

Work: _____

~~~~~  
**IMPORTANT:** If parents are divorced and child moves between more than one home, please summarize the current arrangement below:

*(Please provide me with a copy of the custody agreement as I need this prior to starting counseling).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~  
Step Parent #1 Name: _____

Date of Birth (Month/Day/Year): _____

Preferred Pronouns (Please Circle): She/Her/Hers • He/Him/His • They/Their/Theirs • Other (_____)

Date Remarried: _____ To Whom: _____

Occupation: _____

Phone #'s Where I May Call and Leave a Message:

Cell: _____

Home: _____

Work: _____

~~~~~

Step Parent #2 Name: \_\_\_\_\_

Date Of Birth (Month/Day/Year): \_\_\_\_\_

Preferred Pronouns (Please Circle): She/Her/Hers • He/Him/His • They/Their/Theirs • Other ( \_\_\_\_\_ )

Date Remarried: \_\_\_\_\_ To Whom: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone #'s Where I May Call and Leave a Message:

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

~~~~~

Please describe any prior counseling your child has had (include dates and name of counselor if possible):

Counselor Name	Age of Child	Type of Counseling	Child's Response

Past and present prescribed psychiatric medications (including sleep aids, over the counter products, herbals):

Drug Name	Prescribed Dose	Length of Time Taking	Results

Please list all recreational drugs your child has used or experimented with(Please include alcohol and nicotine):

Drug Name	Age Started	Length of Time Taking	Amount / Frequency

Please describe any changes that are currently or have recently gone on within your child's life or that of a family member (Examples include a new sibling, family move, death of family member, change of school, etc.):

Were there any stresses or complications during pregnancy for birthmother and/or child? If so, please describe:

Does your child have any medical/mental health conditions or diagnoses? If so, please describe:

Please List All Allergies:

Has child ever been hospitalized? No ____ Yes ____

Please Explain: _____

Please list any medical conditions your child has and medications they are taking for them (prescription or over the counter):

Medical Condition	Prescription or Over the Counter Medication	Dosage & Times Per Day	Prescriber and/or Parent who Administers

Child's Educational History:

Did your child attend preschool? If so, where? _____

Have there been any changes at school within the last year? If yes, please explain:

Did child skip a grade? No ____ Yes ____

If yes, please explain: _____

Did child repeat a grade? No ____ Yes ____

If yes, please explain: _____

Does your child have specific learning issues?

(If your child has had any specialized testing, such as educational, psychological, vocational, or hearing, etc. I would like you to bring in a copy of the test results.)

Briefly describe what tests were given and the results as you understand them:

Does your child have a 504 plan? No ____ Yes ____

If yes, what are the accommodations: _____

Does your child have an IEP plan? No ____ Yes ____

If yes, what are the accommodations: _____

Does your child participate in extracurricular activities? No ____ Yes ____

If yes, please describe what they are: _____

Does your child have hobbies and interests outside of school? No ____ Yes ____

If yes, please describe what they are: _____

Family Information:

Please name every person and animal living in the home:

Name	Age	Relationship to Child	(Please Leave This Section Blank)

Please list any family members who are no longer living at home:

Name	Age	Relationship to Child	(Please Leave This Section Blank)

Child's Pediatrician: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Thank you for taking the time to complete this form. It is very useful to have this background information about your child and his/her family to assist in providing the best care I can deliver. You are invited to update me as needed. If there is information I have not asked about on this form that you feel might be important for me to know, please attach separate sheet(s) and return with this form.

Parent/Guardian #1 Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian #2 Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____