



**CHILD/ADOLESCENT REGISTRATION AND HISTORY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

DOB: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT (NAME & PHONE): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ LANGUAGES SPOKEN: \_\_\_\_\_

CULTURE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (Please indicate preferred number to be reached at)

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (Please indicate preferred number to be reached at)

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

WHO HAS LEGAL GUARDIANSHIP? \_\_\_\_\_

WHO DOES YOUR CHILD CURRENTLY LIVE WITH? NAME

DOB		M/F	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recognize.                      Strive.                      Achieve.



WHO ARE YOUR CHILD'S SIGNIFICANT OTHERS WHO DO NOT LIVE WITH YOUR CHILD?

NAME	DOB	M/F	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHO ARE YOUR CHILD'S BEST FRIENDS? \_\_\_\_\_

LEGAL ISSUES: \_\_\_\_\_

\_\_\_\_\_

CONSENT TO TREATMENT AND WRITTEN DISCLOSURE FORM? YES / NO

**EDUCATIONAL HISTORY**

SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ ACADEMIC PROGRESS: \_\_\_\_\_

WHAT IS YOUR CHILD MOST INTERESTED IN AT SCHOOL? \_\_\_\_\_

PSYCHO-EDUCATIONAL ASSESSMENT DONE? Y N DATE: \_\_\_\_\_

RELEVANT DIAGNOSES? \_\_\_\_\_

HAS YOUR CHILD EVER RECEIVED SPECIAL EDUCATION SERVICES? \_\_\_\_\_

WHAT DOES YOUR CHILD'S TEACHER SAY ABOUT HIM/HER? \_\_\_\_\_

\_\_\_\_\_

OTHER SCHOOLS ATTENDED (INCLUDING PRESCHOOL) \_\_\_\_\_

\_\_\_\_\_

Recognize. Strive. Achieve.



HAS YOUR CHILD EVER REPEATED A GRADE Y N ? IF SO, WHAT GRADE(S)? \_\_\_\_\_

HAS YOUR CHILD EVER EXPERIENCED ANY OF THE FOLLOWING PROBLEMS AT SCHOOL?

- |                        |                       |                            |
|------------------------|-----------------------|----------------------------|
| Fighting               | Lack of Friends       | Drugs/Alcohol              |
| Suspension             | Learning Disabilities | Poor Attendance            |
| Gang Influence         | Incomplete Homework   | Behaviour Problems         |
| Detention<br>bullying) | Poor Grades           | Bullying (including cyber- |

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF CHILD'S LAST MEDICAL EXAM: \_\_\_\_\_

DID MOTHER SMOKE, DRINK ALCOHOL, OR USE OTHER DRUGS OR MEDICATIONS DURING PREGNANCY? Y N

IF SO, PLEASE LIST WHICH ONES: \_\_\_\_\_

ANY PROBLEMS WITH PREGNANCY AND/OR DELIVERY? IF SO, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD EXPERIENCED ANY OF THE FOLLOWING MEDICAL PROBLEMS?

- |                  |                       |                      |
|------------------|-----------------------|----------------------|
| Serious accident | High Fever            | Convulsions/Seizures |
| Head Injury      | Meningitis            | Hearing problems     |
| Eye/Ear problems | Loss of Consciousness | Asthma               |
| Hospitalization  | Surgery               | Allergies            |

Recognize. Strive. Achieve.



Other

PLEASE DESCRIBE DETAILS OF ABOVE: \_\_\_\_\_

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CURRENT MEDICAL ISSUES OR PHYSICAL HANDICAPS: \_\_\_\_\_

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MEDICATIONS: \_\_\_\_\_

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WHAT IS YOUR CHILD'S FAVORITE PHYSICAL ACTIVITY? \_\_\_\_\_

**PSYCHOLOGICAL HISTORY**

WHAT ARE YOUR CHILD'S STRENGTHS? \_\_\_\_\_

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HAS YOUR CHILD EXPERIENCED ABUSE (PHYSICAL, SEXUAL, VERBAL)? PLEASE DESCRIBE \_\_\_\_\_

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HAS YOUR CHILD EVER MADE STATEMENTS OF WANTING TO HURT HIM/HERSELF AND/OR HARM OTHERS? Y N HAS HE/SHE EVER PURPOSELY HURT HIM/HERSELF OR OTHER? Y N IF YES TO EITHER QUESTION, PLEASE DESCRIBE:

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HAS YOUR CHILD EVER EXPERIENCED ANY SERIOUS EMOTIONAL LOSSES (DEATH OR PHYSICAL SEPARATION FROM PARENT, CAREGIVER, AND/OR OTHER SIGNIFICANT PERSON)? Y N IF YES, PLEASE DESCRIBE:

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Recognize.

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Achieve.



CHILD/FAMILY CONCERNS (PAST OR CURRENT):

<b><u>ADDICTIONS/OBSESSIVE</u></b>	<b><u>EMOTIONAL:</u></b>	<b><u>RELATIONSHIPS:</u></b>
<b><u>BEHAVIOUR:</u></b>	Anger	Blended Family
Alcohol	Anxiety	Child/Teen Behaviour
Drugs	Attachment	Co-parenting
Gambling	Compulsive Behavior	Couple Conflict
Internet	Depressed Mood	Custody
Pornography	Eating Disorder	Divorce
Sex	Family of Origin	Family Functioning
Gaming	Grief/loss	Infidelity
Other	Panic	Multigenerational Issues
	Psychotic Symptoms	Parent/Child conflict
<b><u>CULTURAL:</u></b>	Self Esteem	Parenting
Adjustment	Self-injury	Reconciliation
Immigrant	Spirituality	Separation
Refugee	Stress	
	Suicidal	
<b><u>EDUCATION:</u></b>	Trauma	<b><u>VIOLENCE:</u></b>
Academics		Emotional
Adjustment	<b><u>PHYSICAL:</u></b>	Homicidal
Career Choice	Child Health	Neglect
Financial	Chronic Pain	Physical

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Peers	Disability	Sexual
	Health	Verbal
<b><u>SEXUALITY:</u></b>	Pregnancy	
Behaviour	Pregnancy Loss (miscarriage/termination)	<b><u>EMPLOYMENT:</u></b>
Dysfunction		Job Difficulties
Sexual Identity		Unemployment
Sexual Orientation		Underemployment

SUMMARY OF PRIOR THERAPY:

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REFERRAL SOURCE: \_\_\_\_\_

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