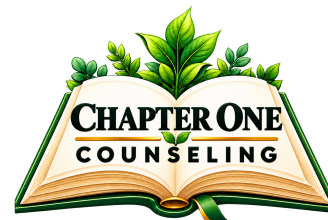


Brianna Marks, LCSW  
Berlin, Connecticut 06037  
Phone: (860)-255-4638  
Website: chapterone-counseling.com  
E: chapteronecounseling@gmail.com



## Therapy Self-Referral - Minors/Guardian

**Child's name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of guardian/authorized representative:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Preference (texting, calling, email):** \_\_\_\_\_

**Reason for Therapy-** Please describe why you're looking for therapy for your child and/or family members at this time:

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Please check any additional areas of concern you may have with your child or family:

|                                                    |                                                           |                                      |                                                                  |
|----------------------------------------------------|-----------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Sadness,<br>isolating     | <input type="checkbox"/> Loss, death of<br>a loved one    | <input type="checkbox"/> Medical     | <input type="checkbox"/> Parenting help                          |
| <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Attention and<br>concentration   | <input type="checkbox"/> School      | <input type="checkbox"/> Separation,<br>divorce,<br>co-parenting |
| <input type="checkbox"/> Friends,<br>Social Issues | <input type="checkbox"/> Anger,<br>outbursts,<br>tantrums | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Communication                           |

**Preference for therapy (Virtual, In Person, Both?):** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_