



ID: \_\_\_\_\_

Day/Time: \_\_\_\_\_

### Child Information Form

Welcome to Trinity Family Counseling Services. To assist us in helping your child, please fill out this form as fully and openly as possible. All information is held in strictest confidence within legal limits. If certain questions do not apply to the child, please leave them blank.

Information supplied by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

#### IDENTIFYING INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Present Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Social Security No.: \_\_\_ - \_\_\_ - \_\_\_\_\_

May we call you at your home? \_\_\_ Yes \_\_\_ No Leave Message \_\_\_ Yes \_\_\_ No

May we call you at work? \_\_\_ Yes \_\_\_ No Leave Message \_\_\_ Yes \_\_\_ No

May we call you on your cell? \_\_\_ Yes \_\_\_ No Leave Message \_\_\_ Yes \_\_\_ No

May we write you at your home? \_\_\_ Yes \_\_\_ No

Does your child attend church regularly? \_\_\_ Yes \_\_\_ No

Is your child a born-again Christian? \_\_\_ Yes \_\_\_ No

#### MAJOR CONCERNS

Please describe your concerns about your child and the reasons that you are seeking help.

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When were these difficulties first noticed? Please explain as fully as you can.

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List the child's behaviors you would like to see changed.

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List his/her three greatest strengths

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List his/her three greatest weaknesses or needed areas of improvement.

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Briefly describe his/her ways of expressing the following:

Anger \_\_\_\_\_

Happiness \_\_\_\_\_

Sadness \_\_\_\_\_

Anxiety \_\_\_\_\_

#### BEHAVIORS OF CONCERN

Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- |                                   |           |            |               |                |
|-----------------------------------|-----------|------------|---------------|----------------|
| 1) Loses temper easily            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2) Argues with adults             | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3) Refuses adult's requests       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4) Deliberately annoys people     | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5) Blames others for own mistakes | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 6) Easily annoyed by others       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 7) Angry/Recently                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 8) Spiteful/Vindictive            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 9) Defiant                        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 10) Bullies/Teases Others         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 11) Initiates Fights              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 12) Inappropriately Uses a Weapon | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 13) Physically cruel to people    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 14) Physically cruel to animals   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 15) Stealing                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 16) Forced sexual activity        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 17) Intentional arson             | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 18) Burglary                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |

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|--------------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 19) Manipulative                     | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 20) Runs away from home              | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 21) Truant at school                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 22) Doesn't pay attention to details | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 23) Several careless mistakes        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 24) Does not listen when spoken to   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 25) Doesn't finish chores/homework   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 26) Difficulty organizing tasks      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 27) Loses things                     | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 28) Easily distracted                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 29) Forgetful in daily activities    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 30) Fidgety/Squirmy                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 31) Difficulty remaining seated      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 32) Runs/climbs around excessively   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 33) Throws temper tantrums           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 34) Hyperactive                      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 35) Difficulty awaiting turn         | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 36) Interrupts others                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 37) Problems pronouncing words       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 38) Poor grades in school            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 39) Expelled from school             | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 40) Sexually Active                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 41) Alcohol/Tobacco/Drug abuse       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 42) Depression                       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 43) Shy/Avoidant/Withdrawn           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 44) Suicidal threats/attempts        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 45) Fatigued                         | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 46) Anxious/Nervous                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 47) Excessive worry                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 48) Sleep disturbance                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 49) Panic attacks                    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 50) Mood shifts                      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

Is your child currently on medications?  Yes  No

If so, please complete the following:

Medication	Dosage	Physician	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each of the behaviors noted above as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page if necessary.

BEHAVIORAL CONCERN

IMPACT ON CHILD OR OTHERS

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Has he/she had any previous professional assistance with the problems stated above? If so, please provide information.

What was the name of the counselor? \_\_\_\_\_

What were the dates of the counseling? \_\_\_\_\_

What were the results? \_\_\_\_\_