

14000 Crown Court, Ste. 101  
 Woodbridge, VA 22193  
 Phone # 703-396-7215  
 Fax # 571-285-5686

9720 Capital Court, Ste. 302  
 Manassas, VA 20110  
 Phone # 703-396-8618  
 Fax # 571-364-8913

7130 Heritage Village Plz, Ste. 102  
 Gainesville, VA 20155  
 Phone # 571-921-4812  
 Fax # 703-743-1688

6800 Backlick Road, Ste. 300  
 Springfield, VA 22150  
 Phone # 703-310-7449  
 Fax # 866-295-9344

19415 Deerfield Ave, Ste. 101  
 Leesburg, Virginia 20176  
 Phone # 571-921-4812  
 Fax # 703-743-1688

**CHILDREN & ADOLESCENT INFORMATION SHEET**

Date \_\_\_/\_\_\_/\_\_\_\_\_ Referred by: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Custodian, Parent, Guardian (s): \_\_\_\_\_

Child's Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Child lives with:  Mother and Father  Mother only  Father only  Adoptive Parent(s)

Mother & Step Parent/Other  Father & Step Parent/Other

Foster Care Provider  Other: \_\_\_\_\_

Legal Custody is with: \_\_\_\_\_

**MOTHER'S INFORMATION**

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Mother's Marital Status:  Married  Engaged  Widowed  Divorced  Separated

Lives with Partner  Other: \_\_\_\_\_

**FATHER'S INFORMATION**

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Father's Marital Status:  Married  Engaged  Widowed  Divorced  Separated

Lives with Partner  Other: \_\_\_\_\_

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## FAMILY STRUCTURE

Please list all individuals that reside in the same house as the child (grandparents, half/ step siblings, etc.)

Please include all their name, age and relationship to the child.

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MEDICAL AND DEVELOPMENTAL HISTORY

Has your child had counseling before?  No  Yes, When? \_\_\_\_\_

Counselor/Therapist Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

Agency's Address: \_\_\_\_\_

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

Main Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Outcome: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_

Please rate your child's health:  Excellent  Good  Average  Poor

Has your child ever been hospitalized for mental health issues?  Yes  No If so, please explain below. \_\_\_\_\_

Developmental Milestones  On-time, no issues  Delayed, Explain: \_\_\_\_\_

Head trauma or Surgeries: \_\_\_\_\_

Sensory processing issues: \_\_\_\_\_

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Is your child on medication?    Yes    No   If so, please provide the following information.

	Name of Drug	Dosage	For what?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Does your child have any known alcohol or drug use?    No    Yes    Uncertain   If so, please explain below.

**EDUCATION**

Setting:    Public    Private    Charter    Homeschool

Special Education?    No    Yes   Services: \_\_\_\_\_

IEP or 504 Plan?    No    Yes   Accommodations: \_\_\_\_\_

**REASON FOR SERVICES**

What concern has caused you to bring your child in for counseling at this time?

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What has been done about your concern up to this present time?

Has anyone in the family experienced similar problems?

What is your assessment of the child's personality? Strengths, weaknesses, etc.

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How would your child describe the problem?

What is the current family and school situation?

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How does the child interact with other members of the family?

How does the child handle stress?

Is there any other information you think we should know about?

Do not upload. For assessment only.