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CHILD/ADOLESCENT PATIENT INFORMATION

Today's Date: _____ Date of Birth: _____

Patient Name: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School _____ Grade: _____

Telephone/Contact *(please put a star next to preferred number)*

Home: _____ Cell: _____

Work: _____ Email: _____

Emergency Contact

Name: _____ Telephone #: _____

Relationship: _____

Does your child have a 504 plan or IEP (if yes, please check one) 504 ☐ IEP ☐

Pediatrician _____ Telephone # _____

Estimate amount of Screen Time per Weekday: _____ Weekend Day: _____

Extracurricular activities: _____

Parents are: MARRIED ☐ DIVORCED ☐ SEPARATED ☐

Parent 1 Name: _____

Parent 1 Address _____

_____

Parent 1 Home Phone: _____ Cell Phone: _____

Parent 1 Occupation: _____ Work Phone: _____

_____

Parent 2 Name: _____

Parent 2 Address _____

_____

Parent 2 Home Phone: _____ Cell Phone: _____

Parent 2 Occupation: _____ Work Phone: _____

TREATMENT HISTORY

Has patient been in therapy before: Yes ☐ No ☐

If YES, please incidate when and with whom: _____

_____

Current Psychiatritst : _____ Telephone # _____

Please List Current Medications and Dosages: _____

_____

Has patient had a Psychoeducational or a Neuropsychological Evaluation: Yes ☐ No ☐

Has patient had a psychiatric hospitalization: Yes ☐ No ☐

If yes, please list where and when: _____

_____

Is there is history of:

Suicide Attempts: Yes ☐ No ☐ Suicidal Thoughts: Yes ☐ No ☐

Substance Use: Yes ☐ No ☐ Abuse: Yes ☐ No ☐

If YES to any, please explain: _____

_____

Any medical issues: _____

_____

Does patient play videogames: Yes ☐ No ☐ If yes, please list which ones and how much time spent each day: _____

_____

Also if yes, do you consider videogame playing to be a problem? Yes ☐ No ☐ Unsure ☐

List all members of your immediate family:

Name: _____ Age: _____ Relationship _____

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Name: _____ Age: _____ Relationship _____

How were you referred: _____

Primary reason for seeking therapy: _____

_____

_____

Please list any additional information you think may be helpful: _____

_____

_____

_____