

PATIENT INFORMATION (MINOR OR DEPENDENT CHILD)

(Please Print Clearly or Type)

Child's Name: _____ DOB: ____/____/____ AGE: _____ SEX: _____

Street Address: _____

City, State, and Zip Code: _____

Name of School: _____ Grade: _____ District: _____

Legal Guardian(s): Father _____ Mother: _____

Father's Occupation: _____ Employed by: _____

Home Phone (or cell): _____ Work Phone: _____

Mother's Occupation: _____ Employed by: _____

Home Phone (or cell): _____ Work Phone: _____

Preferred Contact Method (check all that apply) Phone _____ Text _____ Email _____

Learned of Practice from: _____ Medical Insurance: YES NO

Insurance Company #1 _____ Insured's Name: _____

ID# _____ Group # _____ Insured's SS# ____/____/____

Insurance Company #2 _____ Insured's Name: _____

ID# _____ Group # _____ Insured's SS# ____/____/____

Person to Contact in case of Emergency: _____ Phone: _____

Address: _____

ASSIGNMENT OF INSURANCE BENEFITS

I hereby assign payment of medical benefits for my child by _____ insurance company to Kenneth F. Wise, Psy.D., Licensed Psychologist. I also authorize the release of any medical information requested by the above named insurance company. The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

_____ Date

_____ Signature

Biographical Information Form—Child

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

Information supplied by: _____ Relationship: _____

Personal History

- 1) Child's Name: _____ 2) Age: _____ 3) Gender: M F
- 4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____
- 9) Address _____
Street & Number City State Zip
- 10) Today's Date: _____ 11) Date of Birth: _____
- 12) Home Phone: _____ 13) Year in School _____
- 14) Has the child been involved in previous counseling?: Yes No
If Yes, please describe: _____

- 15) Why is the child coming to counseling?: _____

- 16) How long has this problem persisted (from #15)?: _____
- 17) Under what conditions do the problems usually get worse?: _____

- 18) Under what conditions are the problems usually improved?: _____

Medical History

- 19) Name and Address of Physician(s):
Physician's Name: _____
Address: _____
Street & Number City State Zip
- Most Recent Physical Exam: _____ Results: _____

- 20) List any major illnesses and/or operations: _____

- 21) List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): _____

- 22) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:

- 23) On average how many hours of sleep does the child receive daily?: _____
- 24) Does the child have trouble falling asleep at night? Yes No
 If Yes, how long has this been a problem? _____
- 25) Describe the child's appetite (during the past week):
 poor appetite average appetite large appetite
- 26) What medications (and dosages) are being taken at present, and for what purpose?: _____

Family History

- 27) Mother's age: _____ If deceased, how old was the child when she passed away?: _____
- 28) Father's age: _____ If deceased, how old was the child when he passed away?: _____
- 29) If parents are separated or divorced, how old was the child then?: _____
- 30) Number of brother(s) _____ Their ages _____
- 31) Number of sister(s) _____ Their ages _____
- 32) Child number _____ being in a family of _____ children.
- 33) Is the child adopted or raised with parents other than biological parents?: Yes No
- 34) Briefly describe the child's relationship with brothers and/or sisters:
 Biological siblings: _____

- Step and/or half siblings: _____

- Other: _____

- 35) What is the family relationship between the child and his/her custodial parents?
 Check all that apply:
 Single parent mother Single parent father Parents unmarried
 Parents married, together Parents divorced Parents separated
 With mother and stepfather With father and stepmother
 Child adopted Other, describe _____
- 36) Is there a history or recent occurrence(s) of child abuse to this child? Yes No
 If Yes, which type(s) of abuse? Verbal Physical Sexual
 Comments: _____

37) Parents' occupations: Mother _____ Father _____

38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:

40) Please fill in when the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

42) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as *below* average, please describe current areas of concern. Be specific.

43) List the child's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

44) List the child's three greatest weaknesses or needed areas of improvement:

- 1) _____
- 2) _____
- 3) _____

45) List the child's main difficulties at school:

- 1) _____
- 2) _____
- 3) _____

46) List the child's main difficulties at home:

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe the child's friendships: _____

48) What report card grades does the child usually receive?: _____

Have these changed lately?: Yes No If Yes, how?: _____

49) Briefly describe the child's hobbies and interests: _____

50) Describe how the child is disciplined: _____

51) For what reasons is the child disciplined? _____

Behaviors of Concern

52) 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 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2) Argues with adults | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3) Refuses adults' requests | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4) Deliberately annoys people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5) Blames others for own mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6) Easily annoyed by others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7) Angry/resentful | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8) Spiteful/vindictive | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9) Defiant | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10) Bullies/teases others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11) Initiates fights | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12) Uses a weapon | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13) Physically cruel to people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 14) Physically cruel to animals | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 15) Stealing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 16) Forced sexual activity | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 17) Intentional arson | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 18) Burglary | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 19) "Cons" other people | <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) Difficulty playing quietly | <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) Drug abuse | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 41) Alcohol consumption | <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 worrying | <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 |

53) For each of the behaviors noted on the previous page 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 as needed.

<u>Behaviors of Concern</u>	<u>Impact on Child or Others</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

54) Briefly describe the child's ways of expressing the following emotions or behaviors:
ANGER: _____
HAPPINESS: _____
SADNESS: _____
ANXIETY: _____

55) List the child's behaviors that you would like to see change: _____

56) Additional information you believe would be helpful: _____

**Please Be Sure To Bring These Forms To The First Appointment.
If Need Be, You May Arrive Sufficiently Before The Scheduled Appointment Time So The Forms
May Be Completed Prior To Your Child's First Session.**