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Child Information

Please complete a separate form for each child involved in the proceedings

Information supplied by: _____ Relationship _____

Today's Date: _____

I. Personal History

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: ____M ____ F

Weight: _____ Height: _____ Eye color: _____ Hair color: _____ Race: _____

Address: _____
Street & Number City State Zip

Home Phone: _____ School Attended: _____ Year in School: _____

Has the child been involved in previous counseling? : ____ Yes ____ No

In your own words, please describe this child, his or her personality and his or her likes and dislikes:

How does this child perform in school?

What is his or her favorite subject? Least favorite?

When was the last parent-teacher conference that you attended and what was discussed?

Does this child have a learning disability of any kind? If so, please describe.

II. Developmental History

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

Briefly describe the child's friendships:

Briefly describe the child's hobbies and interests:

Describe how the child is disciplined:

III. Medical History

Primary Physician: _____

Phone Number: _____

Address: _____

Please list any major illnesses and/or surgeries the child has had:

Please list any current medical concerns:

IV. Mental Health History

Current Therapist: _____

Phone Number: _____

Address: _____

Issue for which the child is being seen:

Please list any previous mental health services the child has received:

Previous Therapist: _____

Phone Number: _____

Address (optional): _____

Issue for which the child was seen:

Previous Therapist: _____

Phone Number: _____

Address (optional): _____

Issue for which the child was seen:

If there are other previous therapists, please provide the relevant information on the back of this form.