CLIENT INFORMATION FORM
CHILD AND ADOLESCENT
ID # ______________________________

TO BE COMPLETED BY PARENT/GUARDIAN

CHILD'S NAME _______________________________________ AGE ______ DATE OF BIRTH _________

ADDRESS ____
Street City State Zip

CHILD'S PHONE ______________________________ EMAIL ___________________________________

CURRENT SCHOOL ____ GRADES ATTENDED _________

PREVIOUS SCHOOL ____ GRADES ATTENDED _________

EXTRACURRICULAR ACTIVITIES ____

____

SPECIAL EDUCATION NEEDS ____

____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME ___________________________________ OCCUPATION _______________

ADDRESS ____
Street City State Zip

HOME PHONE ________________ WORK PHONE __________________ CELL ___________________

EMAIL __________________________________ CUSTODY STATUS ______________________________

PARENT/GUARDIAN NAME ________________________________ OCCUPATION __________________

ADDRESS ____
Street City State Zip

HOME PHONE ________________ WORK PHONE __________________ CELL ___________________

EMAIL __________________________________ CUSTODY STATUS ______________________________

EMERGENCY CONTACT ___________________________________ PHONE ________________________

How did you hear about Angel House Bereavement Center?

____

CLIENT INFORMATION FORM (2)
CHILD AND ADOLESCENT
ID #____________________________

Please answer the following questions so that we may better help your child.

What concerns or events have led you to seek services for your child at this time? ________________

____

____

____

____

What other losses and/or significant life changes has your child experienced? This may include the death of loved ones, moving, school changes, relationship changes or loss, etc.

____

____

____

____

Do you expect to be or are you currently involved in/with:

____ a lawsuit	____ divorce proceedings
____ law enforcement	____ the Department of Children and Families
____ a custody dispute	____ court ordered counseling

Has your child had previous counseling and/or chemical dependency services? If yes, please list provider name(s), dates of service, purpose for services and whether or not counseling was helpful.

____

____

____

Please list all persons living in your home, their age and relationship to your child, and any special circumstances related to them.

____

____

____

CLIENT INFORMATION FORM (3)
CHILD AND ADOLESCENT
ID #______________________________

For each of the following areas please describe any changes you have noticed in your child.

- Relationship with parents/guardians ______________________________

  ____
- School/grades/teachers ______________________________

  ____
- Friendships/social life ______________________________

  ____
- Sleeping/eating habits ______________________________

  ____
- Participation in extracurricular activities (sports, music, dance, etc.) ______________________________

  ____

Has your child complained of any physical symptoms (stomachaches, headaches, etc.)? ____________

____

____

Please list your child's medical providers, medical problems and any current medications. _________

____

____

____

Check all that apply to your child:

____ makes friends easily, has an active social life
____ has close friends that he/she can talk to
____ has a supportive family
____ is in special classes at school (gifted, developmentally delayed, honors, etc.)
____ has been diagnosed with a mental illness
____ has a physical, emotional or mental disability (please circle)
____ has behavioral problems at home and/or school

CLIENT INFORMATION FORM (4)
CHILD AND ADOLESCENT
ID #______________________________

Check all emotions that you believe your child is currently experiencing:

____ shock
____ guilt
____ fear
____ anger
____ relief
____ hopelessness
____ withdrawal
____ sadness
____ loneliness
____ anxiety
____ embarrassment
____ confusion
____ apathy
____ shame
____ helplessness
____ other ____

Please describe your child's typical daily routine. ____

____

____

Please describe any history of domestic violence, physical abuse, sexual abuse or neglect. _________

____

____

____

What else would you like us to know about your child or your family? __________________________

____

____

____