



**Kevin R. Byrd, Ph.D., HSPP**  
230 1<sup>st</sup> Street NE  
Carmel, Indiana 46032

byrdke@gmail.com  
website: carmelpsychology.com

---

**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: \_\_\_\_\_

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

If the parents separated during the child's recollection, please describe any changes in the child's personality that occurred after the separation. If there was never a separation or the child was too young to remember it, just write N/A.

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.

Please provide your child's teacher's email. If your child has more than one teacher, please provide an email to the one who knows him or her the best (or your best guess as to who that would be). I routinely send a 20-item questionnaire to the teacher to get a picture of the child's in-class behavior and social functioning. If you are completing this form in during the summer break and do not have access to the teachers' emails, just let state that that is the case. Thank you.

teacher's email: \_\_\_\_\_

## 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: *Feel free to write N/A (not applicable) wherever appropriate.*

If your child has ever received inpatient mental health treatment or emergency mental health treatment, please provide the institution where he or she was seen, the dates the child was treated there, and the circumstances surrounding the inpatient or emergency treatment:

If your child is currently being seen by an outpatient therapist, please provide the information below:

Current Therapist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dates first and last seen by this therapist:

Issue for which the child is being seen:

Have you attended sessions with your child and this therapist and if so, how often have you attended sessions?

Please list any previous outpatient mental health providers the child has seen:

Previous Therapist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date last seen by this therapist:

Issue for which the child was seen:

Did you attend sessions with your child and this therapist and if so, how often did you attend sessions?

Previous Therapist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date last seen by this therapist:

Issue for which the child was seen:

Did you attend sessions with your child and this therapist and if so, how often did you attend sessions?

Please list any medications prescribed to the child for mood, attention, emotional regulation, anxiety, depression, et cetera:

Current:

Past: