



**PARENT #2**

FIRST NAME	LAST NAME	AGE	RELATION
HOME PH: ____ - ____ - ____	OK TO LEAVE VOICEMAIL? __Y __N		
CELL PH: ____ - ____ - ____	OK TO LEAVE VOICEMAIL? __Y __N	TEXT? __Y __N	
WORK PH: ____ - ____ - ____	OK TO LEAVE VOICEMAIL? __Y __N		
EMAIL ADDRESS: _____			

EMPLOYMENT STATUS:    €FULL-TIME?    €PART-TIME?    €UNEMPLOYED?    €RETIRED?  
CURRENT OCCUPATION: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
#YEARS WITH COMPANY: \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

**FAMILY INFORMATION**

PLEASE LIST ANY SIBLINGS, STEP-SIBLINGS, OR HALF-SIBLINGS; THEIR AGE; AND HOUSEHOLD.  
*Eg., Susan (sister, age 12, same home)    Brian (step-brother, age 15, dad's home)*

**ACADEMIC INFORMATION**

SCHOOL	GRADE	TEACHER
DESCRIBE ANY SPECIAL PROGRAMS OR ACCOMMODATIONS YOUR CHILD UTILIZES AT SCHOOL <i>(EG, IEP, ONLINE CLASSES, HONORS, CMA, ETC.)</i>		

DESCRIBE HOW YOUR CHILD IS DOING ACADEMICALLY AND LIST ANY SPECIFIC AREAS OF CONCERN OR HIGH ACHIEVEMENT.

**SOCIAL INFORMATION**

RELIGION: \_\_\_\_\_  
HOW IMPORTANT IS RELIGION/SPIRITUALITY IN YOUR HOUSEHOLD? \_\_\_\_\_

ANY CURRENT MARITAL STRESS:

ANY CURRENT FINANCIAL STRESS:

IN GENERAL, HOW WOULD YOU DESCRIBE THE WAY YOUR CHILD GETS ALONG WITH PEOPLE?

HOW MANY CLOSE FRIENDS CAN YOUR CHILD RELY ON? \_\_\_\_\_

PLEASE DESCRIBE YOUR SOCIAL SUPPORT NETWORK:

DESCRIBE ANY PEER PROBLEMS:

IS YOUR CHILD SEXUALLY ACTIVE THAT YOU KNOW OF? \_\_\_\_ Y \_\_\_\_ N

LIST ANY REGULAR ACTIVITIES OR SPORT WITH WHICH YOUR CHILD IS INVOLVED:

**MEDICAL HISTORY**

DOCTOR'S NAME: \_\_\_\_\_

CURRENT PRESCRIPTIONS:

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PAST PRESCRIPTIONS:

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SIGNIFICANT HEALTH HISTORY OR CONDITIONS:

**SUBSTANCE USE**

CURRENT:

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PAST:

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LIST ANY EXPERIENCES WITH DRUG REHAB PROGRAMS OR CURRENT RECOVERY GROUPS:

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**LEGAL HISTORY**

LIST ANY CRIMINAL CHARGES OR OPEN LEGAL DISPUTES:

**LIFESTYLE**

PLEASE DESCRIBE YOUR CHILD'S CURRENT LEVEL OF PHYSICAL ACTIVITY:

PLEASE DESCRIBE YOUR CHILD'S CURRENT DIET / EATING HABITS:

PLEASE DESCRIBE ANY PROBLEMS WITH YOUR CHILD'S SLEEP:

### **DEVELOPMENTAL HISTORY**

DESCRIBE ANY SIGNIFICANT PROBLEMS DURING PREGNANCY:

CHECK ONE: VAGINAL DELIVERY    C-SECTION

DESCRIBE ANY SIGNIFICANT PROBLEMS DURING DELIVERY:

CHILD'S WEIGHT AT BIRTH: \_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR CHILD'S GENERAL TEMPERAMENT IN INFANCY?

PLEASE IDENTIFY ANY DEVELOPMENTAL DELAYS REGARDING MILESTONES:

**PHYSICAL** (Eg., sitting, rolling, crawling, walking, toileting, etc.)

**COGNITIVE & COMMUNICATION** (Eg., speaking, counting, vocabulary, etc.)

**SOCIAL & EMOTIONAL** (Eg., empathy, making new friends, approaching others, integrating, right vs. wrong, etc.)

**PSYCHOLOGICAL HISTORY**

PREVIOUS COUNSELLING? (LIST NAMES, DATES, AND THE PRIMARY PROBLEMS):  
*EG., DR. SUSAN SMITH 2010-2012 DEPRESSION*

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PREVIOUS HOSPITALIZATIONS FOR PSYCHIATRIC PROBLEMS?

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PREVIOUS TESTING / ASSESSMENTS?

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FAMILY MENTAL HEALTH HISTORY (EG, MOTHER (DEPRESSION) )

MATERNAL SIDE \_\_\_\_\_

PATERNAL SIDE \_\_\_\_\_

HAS YOUR CHILD EVER DISCLOSED THOUGHTS OF SUICIDE OR HURTING HIM/HERSELF? DESCRIBE

DO YOU BELIEVE YOUR CHILD IS CURRENTLY SUICIDAL? IF SO, PLEASE EXPLAIN:

PLEASE DESCRIBE ANY SIGNIFICANT EVENTS THAT YOU BELIEVE HAVE AFFECTED YOUR CHILD:

HAS YOUR CHILD EVER EXPERIENCED A SERIOUS TRAUMA/ABUSE? IF SO, PLEASE EXPLAIN:

TELL ABOUT ANY PROBLEMS WITH DEPRESSION:

TELL ABOUT ANY PROBLEMS WITH ANXIETY:

TELL ABOUT ANY PROBLEMS WITH ANGER/AGGRESSION OR DEFIANCE:

HOW DO YOU EXPLAIN WHAT IS GOING ON IN YOUR LIFE?

WHAT ARE YOUR EXPECTATIONS FOR THERAPY OR ASSESSMENT? WHAT SPECIFIC GOALS WOULD YOU LIKE TO ADVANCE?

ANY OTHER IMPORTANT INFORMATION?

WHO REFERRED YOU TO SUNSHINE MENTAL HEALTH?

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