

Dr. Austin Chandler ALLIED COUNSELING
CHILD OR ADOLESCENT FACT REGISTRATION PAGE 1

Adult Parent (Legal Guardian) Completing this Form: _____ Date _____
Name of Child's Other Parent: _____

EASY INSTRUCTIONS FOR SCHEDULING FIRST CHILD OR ADOLESCENT APPOINTMENT:

Before Child or Adolescent Counseling can begin, both parents (or legal guardian) must complete and sign the **2 Adult Registration Forms (Fact & Personal)**, and the **Adult Treatment Agreement**. The **Adult Fact and Personal Registration Forms** help your child's therapist become more familiar with each parent, including their personalities and parenting style. **The Child & Adolescent Fact Registration** only needs to be completed by one parent, usually the parent most familiar with the child or adolescent's development and current problems. However, Dr. Austin suggests that both parents may find it helpful to discuss this form together when completing it. After both parents have completed, signed, and emailed all the necessary registration forms to Dr. Austin (draustinchandler@alliedcounseling.com), please call the Allied Counseling Greensboro Corporate Headquarters (1800-212-2604) and we will help you schedule your first appointment. You should also call the Allied Counseling Greensboro Corporate Headquarters any time you have questions completing any of the above 4 registration forms, have additional general questions, or want to schedule another appointment. We usually return all office calls or emails within 24 hours and we always send you an email to confirm your appointment.

WHAT TO EXPECT AT FIRST CHILD OR ADOLESCENT COUNSELING SESSION:

All completed registration forms will be discussed with the parent or parents at their child's or adolescent's first counseling session which is 50 minutes long (usually by video conferencing) and with only Dr. Austin and the parent or parents present. This session is designed to obtain a detailed family history, a history of the child's development, current reasons for counseling and specific counseling goals. Future sessions are 50 minutes long and usually with Dr. Austin and the child alone. The parents or legal guardian of children under age 18 have the right and responsibility to understand the goals and progress of their child's treatment. However, to maintain the child's trust, the specific details of each session may remain private. Dr. Austin's goal is that by the end of counseling, every child or adolescent will have gained increased confidence to more successfully cope with the choices, chances and challenges they may face going forward. Children (ages 3-18) learn these skills by participating in a program Dr. Austin developed called MY Millennium Mind Exploration (MMM). The MMM Program is about raising the next generation of leaders and this is their century to make a difference. Please complete this Child/Adolescent Registration Information Form for each child or adolescent in the family you want to receive counseling.

CHILD OR ADOLESCENT FACT REGISTRATION:

GENERAL INFORMATION:

Child or Adolescent's Full Name? _____ Date _____

Child or Adolescent's date of birth _____ Age _____

Child/Adolescent's Place of Birth _____ Gender _____

Is Child or Adolescent Currently Living with Both Parents? Yes _____ No _____

If separated, please provide addresses of both parents plus parental contact information:

Mother's Current Legal Address _____

__ City State & Zip Code __ Mother's Home Phone _____ Work
Phone _____ Cell _____

Email address _____ @ _____ Occupation _____

Father's Current Legal Address _____

Father's Home Phone _____ Work Phone _____ Cell _____

Email address: _____ @ _____ Occupation _____

Address where Child/Adolescent lives or spends most time _____

Child/Adolescent's Home Phone _____ Cell _____ Email _____

Emergency Contact(s) Name: _____ Relation _____

Phone _____ Cell _____ Email _____ @ _____

Pediatrician's Name: _____ Address _____ Phone _____ Cell _____

Family Doctor's Name _____ Address _____ Phone _____ Cell _____

Does Child or Adolescent have the same religious or spiritual orientation as parents? Yes _____ No _____

If yes, please briefly describe both your & your Child or Adolescents religious or spiritual beliefs. _____

Please specify your & Child/Adolescent's Family Ethnicity: Black-American _____ Black-Caucasian _____

Black-Hispanic _____ Black-Asian _____ Native American (Indian or Eskimo) _____ Chinese _____ Indian _____
Korean _____ Indo-European _____ White-American _____ Don't know or Unwilling to say _____

Is Child or Adolescent adopted? Yes _____ No _____ If Yes, is adopted child or adolescent of the same ethnicity as you and your partner? If no, please specify ethnicity & country where your child was adopted: _____

At what age was child/adolescent adopted? _____ Does Child/Adolescent know they were adopted? Yes _____ No _____

Has child/adolescent adjusted well to being adopted? Yes _____ No _____ If no, please briefly describe main issue or problem _____

CURRENT FAMILY SITUATION & LIVING ARRANGEMENTS:

List the first & last names plus ages of all adults currently living in the home where the child or adolescent lives.

List the first and last names of all biological siblings or adopted children in the order of oldest to youngest.

Are there current concerns regarding siblings? _____

Has the child/adolescent ever been exposed to any domestic or other types of violence (physical or mental abuse, bullying) and at what age? Yes _____ No _____

If yes, please explain _____

Has your child/adolescent ever experienced any major trauma or loss (family member death, divorce, war, natural disaster) and at what age? Yes _____ No _____ If yes, please explain _____

Has your child/adolescent recently moved? Yes _____ No _____ Number of moves in child/adolescent's life & at what ages _____

Has there ever been a custody dispute or is one expected? Yes _____ No _____ Possibly _____ Explain if yes or possibly. _____

Is there weekend visitation with a non-custodian parent? Yes _____ No _____

Who makes most decisions regarding discipline & what is usual discipline routine (Grounding, spanking, taking away TV, etc.). _____

Who makes most decisions regarding the child or adolescent's spending money? _____

Please check any stressors you or your partner have had in recent months:

Marital Issues _____ Health Issues _____ Job Issues _____ Financial Issues _____ Past Concerns _____
Other _____

CHILD OR ADOLESCENT CURRENT PROBLEMS:

Please use this list to identify problems that your child or adolescent is having, and you would like to discuss further.

Anger, Mood Swings, Emotional Dysregulation, Fighting _____
Anxiety, Worry, Fearful, Withdrawn _____
Separation Anxiety, Clinging Behavior, Shy _____
Regressive Behavior, Crying, High Attention Needs _____
Nightmares, Bed Wetting _____
Panic Attacks _____
Depression, Unhappiness, Apathy, Agitation _____
Lack of Personal Confidence and Motivation _____
Success Avoidance: Fear of Creating Better Options, Underachievement (FOBO) _____
Few Friends, Shy, Trouble Making & Keeping Friends, Communication Problems _____
Wrong Group of Friends _____
Spending Too Much Time with Friends _____
Too Easily Influenced by Friends and Social Media _____
Often Bullied or Made Fun Of _____
Bulling Others, Uncooperative, Defiant _____
ADHD Success Issues _____
Academic, Learning Problems, _____
Concentration, Finishing Tasks, Following Directions _____
Overactive, Impulsive _____
Weight, Eating Problems _____
Sleep Problems _____
Head Banging, Harming Self _____
Suicidal Tendencies or Attempts _____
Stealing, Lying, Disrespectful _____
Physical Abuse, Verbal Abuse or Neglect _____
Legal Trouble/Delinquent Behavior _____
Skipping or Missing School _____
Running Away _____
Drug or Alcohol Abuse _____
Sexual Problems or Sexual Acting Out _____
Strange Thoughts _____
Perfectionist, fear of judgement, feels bad if wrong _____

PHYSICAL HEALTH:

List any chronic health problem(s) your child or adolescent has _____

Has your child or adolescent ever been hospitalized? If yes, please tell when and what for _____

List current prescription medicines plus any non-prescription pills (Vitamins, etc.) child or adolescent is taking _____

Is your child or adolescent receiving or previously received any mental health services? Yes _____ No _____

If yes, give name and address, plus dates of all Mental Health Professionals seen by child or adolescent.

What was the presenting problem in each instance? _____. Has your child or adolescent ever had a psychiatric diagnosis? Yes_ No ___ If yes, please give specific psychiatric diagnosis, date, and doctor _____

Was the child or adolescent premature or have any identified complications or problems at birth? If yes, please specify _____

Was the biological mother on any legal or illegal drugs or smoked during her pregnancy? If yes, specify _____

Do you think anyone in your family or your child or adolescent has ADHD or ADD? Yes ___ No ___ If yes, who and have they been diagnosed by a doctor and when? _____

Is that person currently taking any medication specifically for their ADHD or ADD? If yes, state medicine _____

EDUCATIONAL HISTORY:

Name and address of school currently attending _____

Teacher(s) name _____ Grade _____

Currently achieving average grades? Yes ___ No ___ Best Subject _____ Most challenging subject _____

Does child have learning problems at school? Yes ___ No ___ In what subject or subjects _____

Is child or adolescent in Gifted Program? Yes ___ No ___ In what subjects? _____

Has Child or Adolescent ever had to repeat a grade? If yes, what grade _____.

Does child or adolescent attend a school for special needs students? If yes, please explain _____

Does child or adolescent actively participate in extracurricular activities? Yes ___ No ___ If yes, what activities?

Specify child or adolescent's activities outside of school; special interests, skills, hobbies, volunteer community work, etc.

How many friends does your child or adolescent have at school? A lot ___ a few ___ none _____

Who does child or adolescent most of their time with? _____

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In general, how does child/adolescent get along with and which group are they most comfortable with:

Peers:

Adults:

Parents:

Siblings:

Neighbors: