



**DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_ Parent's Social Security #: \_\_\_\_\_  
 (Last) (First) (Nickname)

Sex:  M;  F DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Client's E-mail Address: \_\_\_\_\_

Parents/Caregivers Names: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Name of School \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone#2: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parents/Guardian's Employer: \_\_\_\_\_

**OTHER CURRENT MENTAL HEALTH SERVICES**

No current services

Psychiatric/Medication: Name of doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Name of Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELIGION/FAITH INFORMATION**

Do you attend church? \_\_\_\_\_ How often? \_\_\_\_\_ Occasionally \_\_\_\_\_ Weekly \_\_\_\_\_ More than Once a Week

Are there any recent changes in your faith or church attendance? \_\_\_\_\_

**PAYMENT INFORMATION**

PRIVATE PAY \_\_\_\_\_ YES; \_\_\_\_\_ NO

Insurance Subscriber# \_\_\_\_\_ DOB \_\_\_\_\_ Group Number : \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Parents' or Legal Guardian's Payment Guarantee:  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROBLEM DESCRIPTION**

**Please circle & describe symptoms to be treated:**

- |                     |                      |          |                      |                    |
|---------------------|----------------------|----------|----------------------|--------------------|
| Physical Aggression | Runaway              | Tantrums | Lying                | Depressed Affect   |
| Verbal Aggression   | Property Destruction | Truancy  | Sexually Acting Out  | Anxious Affect     |
| Non-Compliance      | Disruptive Behavior  | Stealing | Self-Injury/Suicidal | Toileting Problems |
| Anger Outbursts     | Other: _____         |          |                      |                    |

**Yes No**

- Caused injury (bruising/bleeding) to others in past month?
- Caused significant property damage (>\$25) in past month?
- Are other people's safeties at risk due to client's violence?
- Arrested or serious criminal behavior in past month?
- School placement in jeopardy? (suspended, multiple referrals)
- Home placement at risk?
- Serious suicidal gestures/attempts in past 6 month?
- Admitted to a crisis unit in past 6 months?