**Peter Gold, PhD, LMHC**

**303 E. 16th St., Suite 216**

**Vancouver, WA 98663**

**503-806-9680**

**New Child Client Information**

**Child’s full name and preferred name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of legal custodial parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Custody agreement (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of person completing this form and relationship to child (biological parent, stepparent, adoptive parent, grandparent/relative or other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave a voice mail?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave a voice mail?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May I thank them for referral?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe your reason for seeking counseling services.**

**Please note when the challenges began and what you hope your child and/or family will accomplish in our work together.**

**Is anyone in your immediate family currently receiving psychiatric services, professional counseling or therapy elsewhere?**

**Has your child previously experienced therapy? \_\_\_\_\_\_\_ If so, how was it for him/her? What did she/he like/not like about it?**

**Please describe any current concerns about your child’s physical health.**

**Has your child been diagnosed with a learning disability/challenge?**

**Has your child ever taken medication for emotional issues? \_\_\_\_\_\_\_\_\_\_ If so, please list which ones and when:**

**Has your child ever been hospitalized for a mental health concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain:**

**Please list names, ages, and relations of each person living in the household:**

**Please list other members of immediate family (parents and siblings who do not live with the child).**

**Has this child or family experienced any major illnesses, operations, injuries, or allergies? If yes, please explain.**

**Does your family have a religious affiliation, spiritual belief system or way of life that would be helpful for me to know about?**

**What are your child’s hobbies, extracurricular activities or interests?**

**Please list any family pets.**

**Please describe in general how your child interacts with other children (siblings included).**

**Do you have any concerns about your child’s functioning at school? If so, please explain.**

**How would you describe your child’s strengths?**

**What gives your family strength during challenging times?**

**What else would you like me to know about your child and family?**

**Thank you for completing this form.**