

Peter Gold, MA, LPCI  
407 NE 12<sup>th</sup> Avenue, Suite 207  
Portland, OR 97232  
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.**