|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **CHESHIRE PSYCHOLOGICAL AND SPIRITUAL HEALTH SERVICES** | | | | | | | | | | | | | |  | | | | Deborah C. Cheshire, Psy.D  372 West Street, Ste. 200  Keene, NH 03431  802-451-0241 | | | | | | | | | | | | | |  |
| **Personal Information Form** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| ***INSTRUCTIONS:*** *This con­fi­dential form should be completed as carefully & clearly as possible.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **CHILD & FAMILY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
| **Child’s Name:** | | |  | | | | | | | | | | | | | | | | | | | | Sex/Gender: | | |  | | | | | | | | |
| Child’s Date of Birth: | | | |  | | | | | | | Age: |  | | | | | | | Citizenship:  US  Other: | | | | | | | | |  | | | | | | |
| **Mother’s Name:** | | |  | | | | | | | | | | | | | | | | Address: | | |  | | | | | | | | | | | | |
| City: |  | | | | | | State: | |  | Zip: | | |  | | | | | | Occupation/Employer: | | | | | |  | | | | | | | | | |
| Mother’s Date of Birth: | | | | |  | | | Phones: Home: | | | | | |  | | | | | | | Work: | | |  | | | | | | | Cell: |  | | |
| **Father’s Name:** | | |  | | | | | | | | | | | | | | | | Address: | | |  | | | | | | | | | | | | |
| City: |  | | | | | | State: | |  | Zip: | | |  | | | | | | Occupation/Employer: | | | | | |  | | | | | | | | | |
| Father’s Date of Birth: | | | | |  | | | Phones: Home: | | | | | |  | | | | | | | Work: | | |  | | | | | | | Cell: |  | | |
| Are the child’s parents: | | | | | | Married?  Partnered/Living together?  Separated/Living apart?  Divorced?  Widowed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there a legal parenting plan? Yes No If yes, please describe: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Are all of the child’s legal caregivers (parents & step-parents) aware and supportive of counseling at this time? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names of parents or caregivers in child’s ***primary*** residence | | | | | | | | | | | | | | | Age | | | Relationship to the child? | | | | | | | | | Occupation? | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names of parents or caregivers in child’s ***secondary*** residence | | | | | | | | | | | | | | | Age | | | Relationship to the child? | | | | | | | | | Occupation? | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names of client’s siblings. Indicate if step-, half-, or adopted. | | | | | | | | | | | | | | | Age | | | Lives with? | | | | | | | | | School or Occupation? | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School: | |  | | | | | | | | | | | | Grade: | | | | | |  | | Teacher: | | | | |  | | | | | |
| Is there an IEP or accommodation plan at school? Yes No If yes, please describe: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEALTH INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was your child born full-term? Yes No Indicate any problems or abnormalities with the pregnancy, birth or developmental milestones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any current health concerns? Yes No Specify: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any current or past concerns with: | | | | | | | | | Eating? | | Yes No | | | | | | | Sleeping? | | | | | | | Yes No | | | | Vision? | | Yes No | |
| Hearing? | Yes No | | | | | | | | Speech? | | Yes No | | | | | | | Bowel movements? | | | | | | | Yes No | | | | Urination? | | Yes No | |
| High-risk behavior? | Yes No | | | | | | | | Smoking? | | Yes No | | | | | | | Alcohol use? | | | | | | | Yes No | | | | Drug use? | | Yes No | |
| Other? Yes No (specify) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| What medications does your child take regularly or occasionally? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Pediatrician: | | | | | |  | | | | | | | | | | Location: | | | | |  | | | | | | | Phone No.: | | |  | |
| Other Physicians: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RELIGIOUS OR SPIRITUAL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your family follow particular religious or spiritual tradition(s)? Yes No If yes, specify: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child follow their own religious or spiritual tradition? Yes No If yes, specify: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| How important is spirituality in your family’s or your child’s life? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **CURRENT ISSUES AND PROBLEMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reasons for coming to therapy: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the child or family members had previous counseling? Yes No | | | | | | | | | | | | | | | | | | | If yes, list therapist/agency names: | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check any issues below that currently cause problems for your child or your family: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial troubles | | | | Drug or alcohol use | | | | | | Recent move | | | | | Physical abuse | | | | | | | | Sexual abuse | | | | | | | Medical problems | | |
| Parental conflicts | | | | Sibling conflicts | | | | | | Peer conflicts | | | | | School problems | | | | | | | | Legal problems | | | | | | | Mental health problems | | |
| DCYF involvement | | | | Family death/losses | | | | | | Other (specify): | | | | |  | | | | | | | | | | | | | | | | | |
| Which adjectives below best describe your child now? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-confident | | | | | Persistent | | | | | Excitable | | | | | Impatient | | | | | | | | Impulsive | | | | | | | Shy | | Sad |
| Hyperactive | | | | | Anxious/worrying | | | | | Imaginative | | | | | Irritable | | | | | | | | Moody | | | | | | | Angry | | Happy |
| Fearful | | | | | Ashamed | | | | | Low energy | | | | | Trouble concentrating | | | | | | | | Panic attacks | | | | | | | Smart | | Athletic |
| Too few friends | | | | | Many friends | | | | | Respects adults | | | | | Disrespects adults | | | | | | | | Hard-working | | | | | | | Calm | | Lazy |
| Good student | | | | | Average student | | | | | Poor student | | | | | Highly variable/unpredictable school performance | | | | | | | | | | | | | | | | | |
| Please list significant events, concerns, or anything else that may help us better understand your child and your family’s background: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |