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|  | **CHESHIRE PSYCHOLOGICAL AND SPIRITUAL HEALTH SERVICES** |  | Deborah C. Cheshire, Psy.D372 West Street, Ste. 200 Keene, NH 03431802-451-0241 |  |
| **Personal Information Form** |
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| ***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? |
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| Names of parents or caregivers in child’s ***secondary*** residence | Age | Relationship to the child? | Occupation? |
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| Names of client’s siblings. Indicate if step-, half-, or adopted. | Age | Lives with? | School or Occupation? |
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| **SCHOOL INFORMATION** |
| Name of School: |  | Grade: |  | Teacher: |  |
| Is there an IEP or accommodation plan at school? [ ] Yes [ ] No If yes, please describe: |  |
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| **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: |
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