MOLLY M. AKIN, LMFT
Individual, Couples & Family Therapy

CLIENT INFORMATION-PARENTS

DATE: _____

1) PARENT NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

ADDRESS:

_____

PHONE: _____

OKAY TO LEAVE A MESSAGE? YES NO OKAY TO SEND A TEXT (see practice policies)? YES NO

EMAIL: _____

OKAY TO SEND AN EMAIL (see practice policies)? YES NO

HOW DO YOU PREFER TO BE CONTACTED? _____

OCCUPATION: _____

EMPLOYER: _____

---

2) PARENT NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

ADDRESS:

_____

PHONE: _____

OKAY TO LEAVE A MESSAGE? YES NO OKAY TO SEND A TEXT (see practice policies)? YES NO

EMAIL: _____

OKAY TO SEND AN EMAIL (see practice policies)? YES NO

HOW DO YOU PREFER TO BE CONTACTED? _____

OCCUPATION: _____

EMPLOYER: _____

WHO REFERRED YOU? _____

CHILD'S NAME:_____

DATE OF BIRTH:_____ GENDER: MALE FEMALE

WHO DOES THE CHILD LIVE WITH?

_____

SCHOOL: _____ GRADE:_____

PLEASE LIST ALL CHILDREN IN THE HOME and/or RELATED TO CHILD:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the professionals who have been involved in working with your child.

	NAME	PHONE	ADDRESS
Diagnostician			
Psychiatrist			
Therapist			
Pediatrician			

Please indicate what types of support services your child has received in school. Indicate "P" for Past service or "C" for Currently receiving service.

Occupational Therapy _____ Resource Room _____ Speech Therapy _____

Physical Therapy_____ Other (Specify) _____

BEHAVIOR/MENTAL HEALTH

Do you feel that this child exhibits any of the following symptoms more often than is typical for a child of his/her age? (Please put an "X" in front of any that apply)

	Often touchy/easily annoyed		Often bullies/threatens		Often irritable
	Often defies adult rules		Initiates physical fights		Changes in appetite
	Often angry/resentful		Ever been arrested		Diminished interest
	Often argues with adults		Physically cruel to others		Sleep problems
	Often loses temper		Physically cruel to animals		Restlessness or slowed down
	Blames others for mistakes		Difficulty maintaining friendships		Fatigued/low energy
	Deliberately annoys		Destroys property		Feels worthless
	Often spiteful/vindictive		Deliberately sets fires		Becomes tearful easily
	Refuses to go to school		Lies often		Often sad
	Repeated nightmares		Steals		Indecisive/can't think
	Unusual fears		Has run away		Thinks about death
	Panic attacks		Extreme mood swings		Talks about suicide
	Self-conscious/clings		Does not show emotions		Hurts self
	Excessive need for reassurance		Overreacts to touch/noise		Currently uses drugs
	Somatic complaints (headache, stomach)		Strange or bizarre ideas		Used drugs in the past
	Worry of future events		Gets upset by changes in routine		Currently drinks beer or alcohol
	Repeats certain actions		Poor social interactions		Used beer or alcohol in past
	Can't stop thinking about things		Self-injurious behavior		Excessive preoccupation with objects or ideas
	Motor or vocal tics				

Please place a check mark in the column which best describes the child:

		Not At All	Just A Little	Pretty Much	Very Much
1.	Often fails to give close attention to details or makes careless mistakes in schoolwork or other activities				
2.	Often has difficulty sustaining attention in tasks or play activities				
3.	Often does not seem to listen when spoken to directly				
4.	Often does not follow through on instructions and fails to finish schoolwork, or chores (not due to oppositional behavior failure to understand directions)				
5.	Often has difficulty organizing tasks and activities				
6.	Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
7.	Often loses things necessary for tasks or activities (toys, school assignments, pencils, or books)				
8.	Is often easily distracted by extraneous stimuli				
9.	Is often forgetful in daily activities				
10.	Often fidgets with hands or feet or squirms in seat				
11.	Often leaves seat in classroom or in other situation in which remaining seated is expected				
12.	Often runs about or climbs excessively in situation where it is inappropriate (in adolescents, may be limited to subjective feelings of restlessness)				
13.	Often has difficulty playing or engaging in leisure activities quietly				
14.	Is often "on the go" or often acts as if "driven by a motor"				
15.	Often talks excessively				
16.	Often blurts out answers before questions have been completed				
17.	Often has difficulty waiting turn				
18.	Often interrupts or intrudes on others				

Listed below are areas of functioning that your child might find challenging. Please rate your child on a scale of 1 (representing no difficulty) to 5 (representing great difficulty) for each area. Once you have completed the rating, please place an "X" at the end of the 3 or 4 areas that you would most like to focus on as we start our work.

1.	_____ Ability to organize, prioritize and begin work	
2.	_____ Ability to maintain focus, listen and shift focus as needed	
3.	_____ Ability to sustain effort and pace of work as needed	
4.	_____ Ability to manage frustrations/stress/anxiety/emotions	
5.	_____ Ability to hold onto and recall information needed for short-term work	
6.	_____ Ability to monitor and control impulsive behavior	
7.	_____ Ability to handle social situations and develop friendships	
8.	_____ Ability to advocate for self as needed	
9.	_____ Ability to set realistic and reachable goals	
10.	_____ (Other, please fill in)	

Place an "X" in box of all that apply; and add an "X" in the box to the 3 or 4 most important to you.

	Child more organized in school		Improve compliance
	Child more organized at home		Participate in more / different activities
	Improve child's study habits/ skills		Make new friends
	Help child spend less time on homework		Exercise more
	Improve parent/child relationships		Improve child's personal hygiene
	Improve sibling relationships		Lose or gain weight
	Eat healthier		Other: _____

What would you like me to know about your child?

_____

_____

_____

What are your biggest concerns for your child?

_____

_____

_____