



La Vie Counseling Associates

LaVie Counseling Associates Personal Information (CHILD)

Child's Name _____ Date _____

Street _____ City/Zip _____ Home Phone ____ - ____ - _____

Child's cell phone ____ - ____ - _____ Email address: _____

Mother's Work Phone/Cell ____ - ____ - _____ Father's Work Phone/Cell ____ - ____ - _____

Age ____ Birthdate _____ Sex ____ With whom does child live?

If parents divorced, who has custody? _____ Sex/Age of siblings _____

Current grade in school ____ Name/Address of school _____

Mother's occupation _____ Father's occupation _____

Net monthly income _____

Insurance company (for behavioral/mental health) _____ Group #: _____

Insurance company billing address _____

Insured's name _____ Member ID #: _____

Insured's date of birth _____ Full address (if different from child's) _____

Please check the problem areas where you feel you need help:

- | | | |
|---|---|---|
| <input type="checkbox"/> school behavior | <input type="checkbox"/> moodiness / depression | <input type="checkbox"/> peer relationships |
| <input type="checkbox"/> academic performance | <input type="checkbox"/> family / sibling relationships | <input type="checkbox"/> fears |
| <input type="checkbox"/> drug / alcohol abuse | <input type="checkbox"/> disobedience at home | <input type="checkbox"/> other _____ |

Previous psychological counseling? ____ Child ____ Sibling(s) ____ Mother ____ Father

Therapist _____ Where _____ Duration _____

List child's medical problems

Pediatrician's name _____ Phone _____

List medications child takes regularly _____

How did you hear about us? _____

May we say who we are if we phone your home? Y / N ... if we phone your work? Y / N