



Family History of Mental Illness? If yes, please describe:

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Family History of Substance Abuse? If yes, please describe:

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**Medical History**

Child's Physician's Name: \_\_\_\_\_

Medical Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Current medications (to include vitamins) and dosage:

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Any allergies? If yes, please describe:

Any difficulties with the pregnancy or birth? If yes, please describe:

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Any alcohol/substance use (including nicotine) during pregnancy? If yes, please describe:

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Any major accidents, illnesses, injuries: If yes, please describe:

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For divorced or separated parents, please describe the custody arrangement\*:

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**\*(Please bring a copy of your parenting plan if you have one)**

**Current Functioning**

Child's Grades:  Poor  Average  Good  Excellent

Child's Behavior at School:  Poor  Average  Good  Excellent

Child's Behavior at Home:  Poor  Average  Good  Excellent

| Mark the behaviors you notice about your child | Not True | Sometimes True | Very True |
|--|----------|----------------|-----------|
| Sad or depressed                               |          |                |           |
| doesn't get along with others                  |          |                |           |
| lying or cheating                              |          |                |           |
| disobedient at home                            |          |                |           |
| disobedient at school                          |          |                |           |
| nightmares                                     |          |                |           |
| inappropriate sexual behaviors                 |          |                |           |
| anxiety or nerves                              |          |                |           |
| talks about killing self                       |          |                |           |
| talks about killing others                     |          |                |           |
| gang-like behavior                             |          |                |           |
| impulsive behavior                             |          |                |           |
| sudden mood swings                             |          |                |           |
| withdrawn from family/friends                  |          |                |           |
| difficulty concentrating                       |          |                |           |
| feels worthless or inferior                    |          |                |           |
| can't sit still                                |          |                |           |
| poor school work                               |          |                |           |
| wets bed                                       |          |                |           |
| bathroom accidents in clothing                 |          |                |           |
| temper tantrums                                |          |                |           |
| runs away from home                            |          |                |           |
| cutting/other self-harmful behavior            |          |                |           |
| physically attacks others                      |          |                |           |
| sleep problems                                 |          |                |           |
| alcohol or drug problems                       |          |                |           |
| skips or refuses school                        |          |                |           |
| vandalism                                      |          |                |           |
| sexually active and/or risky sexual behavior   |          |                |           |
| other:   |          |                |           |

**Consent**

By signing below, I agree that I have the legal authority to make medical and legal decisions for this child. I agree to have this child participate in therapy with Megghan Thompson, LCPC, RPT-S.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Printed Name of Child