La Vie Counseling Associates

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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:

☐ school behavior	☐ moodiness / depression	☐ peer relationships
☐ academic performance	☐ family / sibling relationships	☐ fears
☐ drug / alcohol abuse	☐ disobedience at home	☐ 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