

THE EVERGREEN CLINIC
Student Information

Child's name _____ DOB _____ Age _____

Address _____

Home phone _____ cell _____ pager _____

Mother _____ Marital status _____

Employer/occupation _____ Phone _____

Father _____ Marital status _____

Employer/occupation _____ Phone _____

Stepparents involved _____

Family members:

Biological Siblings	Name	Age	Relation	In home
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Step Siblings

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Primary care physician _____

Address _____ Phone _____

Referred by _____

May we thank the person who referred you? Yes ___ No ___

Student Information
page two

1. What questions/concerns do you have about your child that brings you here today?

2. What would your child say is their reason for being here?

3. What do you hope to accomplish by bringing your child here today?

3. Has your child previously participated in counseling? Yes ___ No ___
If yes, please provide information on:

when _____ where _____

problems addressed _____

outcome _____

5. If your child takes any medications, please list them here

6. Is there a history of other family members seeking counseling or suffering from emotional problems? Yes ___ No ___ If yes, please describe here.

7. Describe any stresses within the family that may be affecting your child.

Student Information
page three

8. School history, please describe any concerns you have pertaining to your child's education.

9. If your child has ever been tested in school or elsewhere, please describe here.

Academic Skill Development

(check if applicable)

- Poor physical coordination
- Poor handwriting, letter formation
- Poor memory, short or long term
- Right-left confusion, directional problems
- Dominance established late (age____) or not at all
- Late letter recognition
- Poor word recognition skills
- Trouble with reading comprehension
- Poor phonic base
- Inability to get ideas on paper
- Problem in math
- Poor spelling in day-to-day assignments
- Can't get homework done
- Attention span a problem
- Poor peer relationships
- Conflict with a teacher
- Certified for special education
- Drop in achievement tests
- Repeated grade (which _____)
- Sudden drop in grades

Schools Attended

Year

Student Information

page four

check age or
if yes ages

- _____ **Difficulty to discipline**
- _____ **Gets upset easily**
- _____ **Temper tantrums**
- _____ **Nail biting**
- _____ **Thumb sucking**
- _____ **Difficulty sleeping**
- _____ **Nightmares**
- _____ **Bed wetting**
- _____ **Destructiveness**
- _____ **Preferring to be alone**
- _____ **Unusually active, fidgety**
- _____ **Unusually inactive, apathetic**
- _____ **Unusual difficulty with brothers and sisters**
- _____ **Unusual difficulty in getting along with other children**
- _____ **Inattentive**
- _____ **Distractible**
- _____ **Blames others for own mistakes**
- _____ **Expresses no guilt over own mistakes**
- _____ **Lying**
- _____ **Stealing**
- _____ **Truancy**
- _____ **School refusal**
- _____ **Physical violence against persons or property**
- _____ **Alcohol/drug abuse**
- _____ **Unrealistic worry and or pessimistic attitude**
- _____ **Anxiety**
- _____ **Headaches, stomachaches, nausea**
- _____ **Sadness, crying**
- _____ **Self conscious, easily embarrassed**
- _____ **Avoidance of peer interactions or other nonfamiliar social contacts**
- _____ **Argumentative**
- _____ **Stubbornness**
- _____ **Excessive concern with weight and or chronic eating problems**
- _____ **Chronic motor or vocal tics**
- _____ **Enuresis (wetting)**
- _____ **Encopresis (soiling)**
- _____ **Resistance to change in environment**
- _____ **Self injurious behavior**
- _____ **Oddities of speech or motor movement**
- _____ **Panic attacks**
- _____ **Decreased productivity at school, work or home**
- _____ **Chronic tiredness**
- _____ **Decreased interest in pleasurable activities**
- _____ **Thoughts of death or suicide**
- _____ **Hallucinations or delusions**
- _____ **Sleep problems**
- _____ **Social inappropriateness**
- _____ **Odd/bizarre ideas and or speech**
- _____ **Changes in personal hygiene**
- _____ **Cruelty to animals**
- _____ **Overly dependant/helpless**
- _____ **Playing with fire**
- _____ **Procrastination**