

HEARTFELT HEALING, LLC, 2201 Kipling Street, Ste. 204, Lakewood, CO 80215
Client Information Form for Minor Children

Child/ren to be seen birthdate, ages:

Parent's Name _____ Date _____

Address _____

Phone number _____ May leave message: Yes ___ No ___

email _____

reason for seeking counseling: _____

Parent's Marital Status:

- _____ Single
- _____ Married/Living with Partner
- _____ Separated
- _____ Divorced
- _____ Widowed
- _____ Single Parent

Ethnic Origin of children:

- _____ White/Euro-American
- _____ Asian/Asian-American
- _____ Black/African-American
- _____ Hispanic/Mexican American/Latino(a)
- _____ Native American/Indian
- _____ Biracial
- _____ Other: Specify: _____

Referring Person/Agency:

Have children received prior counseling and if so, why?

Are children currently taking medications, if so which and for what diagnosis?

Concerns regarding child/ren's emotional state:

- | | | |
|---------------------|-------------------|------------------|
| _____ Anxiety | _____ Mood shifts | _____ Fear |
| _____ Concentration | _____ Sadness | _____ Confusion |
| _____ Anger | _____ Grief | _____ Clinginess |
| _____ Academics | | |

Please provide information about parent's family:

Relationships	Name	Age	occupation	Date of death, if applicable
Parent(s) Step-parents				
Sibling(s)				
Partner/Spouse				
Previous spouse?				
Children in family				
Other				

Questions for Parent/s:

_____ My family is not emotionally close.

_____ My family has a history of:

- | | |
|---------------------------------|------------------------|
| _____ Counseling | _____ Hospitalization |
| _____ Alcohol or drug addiction | _____ Depression |
| _____ Abuse | _____ Eating disorders |
| _____ Poor communication | _____ Suicide |
| _____ Other _____ | |

Currently I live: _____ Alone _____ With roommate _____ With spouse/partner
 _____ With child(ren)

_____ I or other parent have been in trouble with the legal system.

Are parents using drugs or using alcohol excessively? _____

Please list any medical issues parents are currently receiving treatment for:

Please check any of these that apply to either parent:

- I do not handle stress well.
- I have difficulty expressing my emotions
- I often get extremely angry.
- At times I have acted in a violent manner
- I have suffered a recent loss
 - Death
 - Relationship ending

What would you like your child/ren to accomplish in counseling?

1.

2.

3.

Do you have any specific questions about therapy?
