**New Child (Under 17) Client Intake Form**

**CHILD’S PERSONAL INFORMATION**

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| --- | --- | --- | --- |
| First Name: | Middle Initial: | Last Name: | Today’s Date: |
| Mailing/Street Address:  | City: | State: | Zip: |
| Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Home  | May we leave a message?(*Not Confidential*) Yes No  | Email Address *(Not confidential):* | May we email You? Yes No  |
| Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sex:M F | Child’s Primary Care Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last time seen?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client lives: Parent’s Home Relative/Guardian’s Home Foster Home Homeless Other­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If client is not living with biological parents please list parents’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is child currently a student Yes NoIf so what grade: \_\_\_\_\_\_\_\_\_ | Does child enjoy school? Yes No Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child is currently enrolled in which type of school?Public School Private School Home school Other | Are there any unusual stressors with your current school? Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Name of school child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Does child have any behavioral issues at school? Yes No If so Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does child have any behavioral issues at school? Yes No If so explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Does child have a 504 or an IEP? Yes NoFor What:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you hear about Salem Counseling Place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any cultural things you would like to tell me about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **List of those siblings living in your home:** |
| **Name** | **DOB** | **Relationship** |
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| Are there any siblings not living in home?  Yes  No Names & Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What type of discipline do you use with your child: Rewarding for positive behavior Time-Outs Consequences for misbehaviors Physical Punishment Negotiating Problem-solving Giving into Child Corrosiveness Other: \_\_\_\_\_\_\_\_\_\_\_ |

**PARENT INFORMATION:**

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| --- | --- | --- | --- |
| **Mother’s** First Name: | Middle Initial: | Last Name: | Today’s Date: |
| Mailing/Street Address (if different from child’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City: | State: | Zip: |
| Preferred Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_Home Cell Work | May we leave a message?Yes No  | Email Address *(Not confidential):* | May we email You? Yes No  |
| Other Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Cell Work | May we leave a message?Yes No  | Birth Date: Age: | Sex:M F |
| Marital/Partnership Status: Single Married Cohabitating Divorced/Separated Widowed |
| Highest grade/degree completed: | Are you currently a student?Yes No | Employer Name/Address/Phone: |
| **Father’s** First Name: | Middle Initial: | Last Name: |  |
| Mailing/Street Address (If different from child’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City: | State: | Zip: |
| Preferred Phone:Home Cell Work | May we leave a message?Yes No  | Email Address *(Not confidential)*: | May we email You? Yes No  |
| Other Phone:Home Cell Work | May we leave a message?Yes No  | Birth Date: Age: | Sex:M F |
| Marital/Partnership Status: Single Married Cohabitating Divorced/Separated Widowed |
| Highest grade/degree completed: | Are you currently a student?Yes No | Employer Name/Address/Phone: |
| In Case of Emergency who would you like me to contact: Spouse/Partner Parent Friend Relative Neighbor | Relationship & Name: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Cell Work |

**INSURANCE INFORMATION:**

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| Insurance Company Name | Insurance Company Address: | Phone: |
| Policyholder: | Policyholders date of birth: | Applicant’s relationship to policy holder:Self Spouse Child Other: \_\_\_\_\_\_ |
| Policy Number: | Group Number: | Co-Pay Amount: |
| **PAYMENT FOR SERVICE*: All payments are due at the beginning of each therapy session. Payments can be made in the form of Cash, Check, Visa, MasterCard, Discover, and American express.******Payments paid prior to session. Thank you.*** |

**SPIRITUALITY/ RELIGION:**

|  |  |
| --- | --- |
| Religious Affiliation, if any: Christian Catholic LDS Muslim Hindi Buddhist Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Actively Involved Member?  Yes  No  |
| Do you consider yourself to be religious or spiritual? Yes No  | Forms of spirituality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COUNSELING HISTORY:**

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| What would you like to accomplish out of your child’s time in therapy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has your child previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? □ Yes □ NoIf yes, Please list the previous therapist/practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is your child currently taking any prescription medication? □Yes □No If yes, Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Has your child ever been prescribed psychotropic medication? □Yes □NoIf yes, Please list & provide dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check the main reason(s) you are seeking counseling at this time for your child? Anxiety Panic Attacks ADHD (Impulsive/Inattentive) Anger Phobias Sleep Issues Mood Swings Self-esteem Issues Depression Energy Issues (Hyper or Fatigue) Difficulty Concentrating Grief/Mourning OCD/Compulsiveness Chronic Pain Sexual Issues Trust Issues School Issues Sent to therapy Weight/Diet Concerns Other reason, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Suicidal thoughts**, if so how often? Everyday Weekly Other **Thoughts of harming others**, if so how often? Everyday Weekly Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Child Abuse** -- Mental Physical Sexual Emotional **Relationship Issues** -- Parenting Sibling Friends Peers Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has child witnessed, check all that apply: Loud verbal argument between parents Alcohol or drug use by adults Criminal activity by adults Physical violence between parents |
| Has child been abused in any way? If so please describe and at what age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GENERAL HEALTH & MENTAL HEALTH INFORMATION**

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| --- | --- |
| How would you rate your child’s current physical health? (Please circle)1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** | Please list any specific health problems they are currently experiencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| How would you rate your child’s current sleeping habits? (Please circle)1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** | Please list any specific sleep problems they are currently experiencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ­­­­­­­­­­Please list your child’s experience with appetite or eating patterns.1 2 3 4 5 6 7 8 9 10***Picky eater Routine Eater Binge Eater*** | Do you drink alcohol? Yes No NeverIf yes how often: Daily Weekly  Monthly Occasionally |
| What types of exercise does your child participate in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How many times per week do you generally exercise? 1-2X 3-4X 5-7X Other \_\_ |
| Do you or your child engage recreational drug use? Yes No Never Have  | If yes, how often: Daily Weekly Monthly Occasionally |
| Have you talked to your child about recreational drugs and/or alcohol?Yes No Both | Have you talked to your child about sexuality Yes No If yes, how often: Daily Weekly Monthly OccasionallyHave you talked to your child about dating? Yes No  |
| Are you/child currently in a romantic relationship? Yes No If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ | How would you/child rate that relationship? 1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** |
| Are there any recent significant life changes or stressful events? If so list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Were there any significant traumatic past events in child’s life? If so list: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| How would you rate your child’s relationship with Parents/Other Adult? 1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** | Is this most of the time? Yes No  |
| How would you rate your child’s relationships with siblings (or other children) who live in the home? 1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** | Is this most of the time? Yes No  |
| Please rate the amount of Parent/Child conflict:1 2 3 4 5 6 7 8 9 10***Low degree of conflict High conflict*** | Is this most of the time? Yes No  |
| Please rate the amount of siblings/other children conflict:1 2 3 4 5 6 7 8 9 10***Low degree of conflict High conflict*** | Is this most of the time? Yes No  |

**FAMILY MENTAL HEALTH HISTORY:** In the section below identify if there is a **Family History** of any of the following. **If yes**, please indicate the family member’s relationship to you.

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| --- |
| ***If Married/Cohabitating***: Please rate the quality of your immediate family relationships:1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** |
| Please rate the quality of your family of origin relationships:1 2 3 4 5 6 7 8 9 10***Poor Satisfactory Very Good*** |
| ***Alcohol/Substance Abuse***: Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Anxiety:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***ADHD (Inattentive/Impulsive:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Depression:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Domestic Violence***: Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Eating Disorders:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Obesity:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Obsessive Compulsive Behavior:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_ |
| ***Schizophrenia:*** Yes No Parent Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Depression & Suicide Attempts:*** Yes No Parents Sibling Grandparent Other relative, Who:\_\_\_\_\_\_\_\_\_\_\_\_ |

**ADDITIONAL INFORMATION:**

What do you consider to be some of your child’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell me some things that you like/love about your child, please be specific: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your main concerns about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like me to know about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any traumatic life events in your child’s past or currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_