BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Patient Information and Social History

Child (3-12)

Name: _____ Today's Date: _____
Last First MI

Address: _____

Home Phone: (___)_____ Parent Work/Cell: (___)_____

SSN: _____ DOB:_____ Present Age: _____

Father's Name: _____ Father's DOB: _____ Father's SSN: _____

Father's Home Phone: (___)_____Father's Cell: (__)_____Father's Work: (___)_____

Father's Address: _____

Father's Email Address: _____

Mother's Name: _____ Mother's DOB: _____ Mother's SSN: _____

Mother's Home Phone: (___)_____ Mother's Cell: (__)_____ Mother's Work: (___)_____

Mother's Address: _____

Mother's Email Address: _____

Guardian *(if applicable)*: _____ Guardian Home Phone:(___)_____

Guardian Cell Phone:(___)_____ Guardian Work Phone: (___)_____

Guardian Address: _____

Guardian's Email Address: _____

Type of Guardian (DHS, Grandparent, ect.): _____

Legal

Is child / parent involved in litigation/court: ____No ____Yes

If yes, answer the following questions; if no, proceed to the next section

Primary Custodial Parent: _____ Guardian *ad litem*: _____

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Guardian *ad litem* Phone: (___)_____ Guardian *ad litem* Fax: (___)_____

Guardian *ad litem* Address: _____

Consent to release / release information must be signed

Foster Care Guardian *(If applicable)*: _____

List any court ordered parental restrictions to information *(i.e. restraining orders or no legal custody)*:

_____

Identify visitation schedule of child: _____

Pending court dates: _____date _____time _____location _____reason

Financial

Please note: The party who signs the payment agreement is accountable for all charges incurred on the child's account. The party signing the payment agreement will receive all reminder calls.

Responsible party for payment/insurance: _____

Relationship to client: _____ SSN: _____ DOB: _____

Employer: _____ Email: _____

Address: _____

Presenting Problem

Please briefly describe the reason for seeking care:

_____

_____

_____

_____

_____

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Child Medical History

If currently under physician's care a primary care physician release form must be signed

Primary Care Physician: _____ Phone: _____

Address: _____

Current health concerns: _____

Prescribed medications: _____

Over the counter medications: _____

Current psychiatric care: _____No _____Yes If yes, please answer following questions

_____Psychiatrist _____Therapist _____Rehabilitation _____Inpatient Services

Provider name:_____ Provider Phone number: _____

Provider address: _____

Reason for seeking care:_____

If currently receiving care consent to exchange information must be signed

Previous psychiatric care: _____No _____Yes If yes, please answer following questions

_____Psychiatrist _____Therapist _____Rehabilitation _____In Patient Services

Provider name:_____ Provider Phone number: _____

Provider address: _____

Reason for seeking care:_____

Childhood History

At approximately what age did the following occur:

_____Held head up _____Crawled _____Sat alone _____Walked

_____First word _____ Sentences _____Toilet trained _____Dressed alone

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Difficulty using *(check all that apply)*: _____Scissors _____Coloring _____Writing

Identify any developmental concerns: _____

Describe child as a toddler: _____

Handed: ____Left ____Right Hearing Impairment: ____No ____Yes

High Fevers: ____No ____Yes Convulsions/staring spells: ____No ____Yes

Ear Infections: ____ No ____Yes Failure to Thrive: ____No _____Yes

Visual Impairment: ____No ____Yes If yes describe:_____

Speech Impairment: ____No ____Yes If yes, describe: _____

Identify any prenatal, birth or postnatal problems: _____

Injuries or accidents *(particularly blows to the head)*:_____

Describe child's health: _____

Describe any medical conditions: _____

Allergies: _____

Daily Schedule

Sleep Pattern: ____Normal ____Very Sound ____Restless ____Nightmares Hours of Sleep: _____

Bedtime: _____ Time of Waking: _____ Resists Sleep?: ____No ____Yes

Security Items: ____No ____Yes If yes, please describe_____

General appetite and eating habits: _____

Child care arrangements: _____

Educational Information

Current School: _____ City: _____ Grade:_____

Teacher's Name: _____ School Conference this year: ____No _____Yes

Signature: _____ Date: _____ Client ID: _____

If yes, describe outcome: _____

Academic progress: _____

Your expectations: _____

Schools Attended	Grade Level	Performance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's attitude toward school: _____

Unpleasant school experiences: _____

Grades retained and why: _____

Most difficult subject: _____ Best subject: _____ IEP: ☐ No ☐ Yes

504: ____No ____Yes *If yes, please provide copies* 504/IEP Triennial review date: _____

Resists attending school: ____No ____Yes Reads other than assigned books: ____No ____Yes

Truancy concerns: ____No ____Yes if yes, describe:_____

In school suspension: ____No ____Yes if yes, describe:_____

Out of school suspension: ☐ No ☐ Yes if yes, describe: _____

Educational testing: ☐ No ☐ Yes If yes, provide copies _____School Testing _____Private Testing

Where does he/she study: _____ Parents help with studying: ____No _____Yes

Other comments on school:

_____

_____

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Family Relationships

List all people living in the household (*if parents separated/divorced use second section for other parent)*

Name	Age	Grade Level	Relationship to Client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other households that the child lives in:

Name	Age	Grade Level	Relationship to Client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the father-child relationship: _____

_____

Describe the emotional attachment to the father: _____

_____

Describe the mother-child relationship:_____

_____

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Describe the emotional attachment to the mother: _____

_____

Describe relationship with significant caregiver: _____

_____

Describe the emotional attachment with significant caregiver: _____

_____

Activities with father: _____

Activities with mother: _____

Family activities (Mother/Father/ Both) *circle one* *Complete next question if separated/divorced*

_____

If separated/divorced Family activities (Mother/Father)*circle one*:

_____

Mother's discipline type: _____ Consistent: _____No _____Yes

Father's discipline type: _____ Consistent: _____No _____Yes

Other guardian/caretaker's discipline type: _____ Consistent: _____No _____Yes

Who administers discipline: _____

Childs responsibilities: _____

Personality of child: ____anxious ____depressed ____extroverted ____introverted ____imaginative

____loner ____social ____sensitive ____happy ____unhappy

Activity level of child: ____active ____aggressive ____difficulty remembering ____impulsive

____organized ____loses things easily ____prefers quiet play

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Martial Situation

____Married ____Living together/not married ____Separated ____Divorced

____Widowed ____Never married If married, number of years in present marriage: _____

Describe your present marriage: ____poor ____tolerate each other ____relatively happy ____happy

Additional comments: _____

If remarried since the birth of client, how old was (s)he: when you divorced: _____ remarried:_____

If separated/divorced, who has primary physical custody: _____

Please note: Step-parents do not have access to medical information unless a release is signed

Stepfather or significant other's name: _____Role:_____

Stepmother or significant other's name: _____Role:_____

What are the legal custody arrangements: _____

Visitation Schedule: _____

Court ordered restrictions:_____

If child is in care of Department of Human Services (DHS) please complete the following:

Release must be signed for collaboration

Legal guardian:_____ Title/Role: _____

Address: _____

Contact information: _____

Foster care parent(s) name: _____

Foster care parents(s) address: _____

Foster care parent(s) phone: _____(home) _____(cell) _____(work)

Length of time in foster care: _____ Length of time in current foster home: _____

Therapeutic foster home: _____no _____yes if yes, identify reason:_____

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Identify service providers/team members:

Name	Phone	Reason for services
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental History

Biological Father:

Name: _____ DOB: _____ SSN: _____

Birth Place: _____ Highest Level of Education Completed: _____

Describe any difficulties in school: _____

Place of employment: _____ Occupation: _____

Work hours: _____

Drug abuse: ____none ____current ____past if current/past marked, describe: _____

Alcohol abuse: ☐ none ____current ____past if current/past marked, describe: _____

Criminal history: _____

Other marriages: _____

Past physical or psychological concerns: _____

Current physical or psychological concerns: _____

BALDWIN COUNSELING

2832 S. Lynnhaven Rd. STE. 102 Virginia Beach, VA 23452
Office: (757) 340-0275 Fax: (757) 340-0276

Biological Mother:

Name: _____ DOB: _____ SSN: _____

Birth Place: _____ Highest Level of Education Completed: _____

Describe any difficulties in school: _____

Place of employment: _____ Occupation: _____

Work hours: _____

Drug abuse: ____none ____current ____past if current/past marked, describe: _____

Alcohol abuse:___none ____current ____past if current/past marked, describe: _____

Criminal history: _____

Other marriages: _____

Past physical or psychological concerns: _____

Current physical or psychological concerns: _____

Reviewed By: _____ Date:_____