LIFEPULSE CENTER™
for Development & Growth
Faith Nouri, PhD, LPC

NEW CLIENT INFORMATION SHEET - Child

Today's Date: _____

Name (print): _____ **Gender:** _____ _____
(Last) (First) (Middle) (male) (female)

Soc. Sec. No.:___ ___ ___ - ___ ___ -___ ___ ___ ___

Date of Birth: ___-___-___ **Age:** ____

E-mail Address (parents): _____

Referral Source: _____

Home Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

_____

Mother's Name: _____ **Phone #:** _____

Father's Name: _____ **Phone #:** _____

Parents are: ____ **Married** _____ **Divorced** ____ **Separated**

Emergency Contact: _____

Emergency Contact Number: _____

- Considering issues that may come up during the session where access to a parent may be necessary, it is required for parents to wait in the waiting room while their children are in the session.

LIFEPULSE CENTER™
for Development & Growth
Faith Nouri, PhD, LPC-S, NCC

Child/Adolescent Background Information *(use for all minors)*

Welcome to my office. Please answer all information as completely as possible. If applicable, both mother and father should complete together. Information given is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed. I will discuss your responses with you after I have reviewed the form.

Thank You,
Dr. Nouri

Completed by: _____*Relationship to Child:* _____

Child's Address:

_____
Street City State Zip

Child's Gender: Male__ Female__ *Date of Birth*___/___/___ *Age*____ *SS#*_____

Child's Ethnicity:
Africa American___ Bi-racial___ Hispanic/Latin___
Asian___ Caucasian___ Native American___ Other _____

Child's primary language: English ___ Spanish ___ Other _____
Language spoken at home---- (parent's language)

Child's Legal Guardian (Managing Conservator)*:* _____
(If the child is not living with both natural parents, both adoptive parents, or only living parent, the clinic requires a photocopy of the legal document stating custody arrangements, consisting of the cover page, page specifying conservator(s), and signature page). (The photocopy should be stapled to this form.)

Is your child presently receiving counseling elsewhere? Yes No
(If yes, do not complete this form until you have talked with your counselor)

School Child attends: _____
Current School Address & Phone
*Grade Level (*now): _____ *Has your child ever been retained? Yes No If yes, what grade* _____
*Current Teacher(s): 1)*_____ *2)*_____ *3)*_____
Current School Counselor: _____

Is your child receiving special education or other services? Yes No
*(explain)*_____

Has your child ever seen a mental health professional (psychiatrist, psychologist, or a counselor)? Yes No **(If so, we will need your permission in order to communicate with that individual or agency)**

Previous Mental Health Professional/Agency_____
Name: _____

Address: _____

Phone_____ Dates of Service_____(beginning - ending)

Has your child been hospitalized for mental health concerns? Yes No
If yes: When _____ Where_____

* INFORMATION ON CHILD'S MOTHER *

Mother's Name: _____
Last ***First*** ***MI***
I am: __ *biological mother* ___*stepmother* ___*adopted mother*
*Other*_____
Address: _____
Street ***City*** ***State*** ***Zip***

Date of Birth: _____ *Occupation:* _____
Employer *How Long:*

Last Year of education completed:
8th grade or below _____ Trade School ___ Master's Degree ___
High School ___ Some College ___ Ph. D. Degree ____
GED ___ College Graduate ___

History of learning, emotional, or behavioral problems: Yes No
(If yes, please explain) _____

History of alcohol/drug/substance abuse: Yes No
(If yes, please explain) _____

History of family violence: Yes No
(If yes please explain) _____

Current living arrangements:
Family of origin___ Relatives___ Single___
Married___ Roommate(s)___ Single parent w/children___
Married w/children___ Significant other___ Other_____

Marital Status (indicate all that apply and duration of each, ex. 1965-1985):
Never married ___
Married 1_____ Separated 1_____ Divorced 1_____ Widowed 1_____
Married 2_____ Separated 2_____ Divorced 2_____ Widowed 2_____
Married 3_____ Separated 3_____ Divorced 3_____ Widowed 3_____

* INFORMATION ON CHILD'S FATHER *

Father's Name: _____
Last *First* *M.*
I am *biological father* *stepfather* *adopted father* *other*

Address: _____
Street ***City*** ***State*** ***Zip***

Date of Birth: _____ *Occupation:* _____
Employer: _____ *How long:* _____

Last Year of education completed:
8th grade or below _____ Trade School ___ Master's Degree ___
High School ___ Some College ___ Ph. D. Degree ____
GED ___ College Graduate ___

History of learning, emotional, or behavioral problems: Yes No
(If yes, please explain) _____

History of alcohol/drug/substance abuse: Yes No
(If yes, please explain) _____

History of family violence: Yes No
(If yes please explain) _____

Current living arrangements:
Family of origin___ Relatives___ Single___
Married___ Roommate(s)___ Single parent w/children___
Married w/children___ Significant other___ Other_____

Marital Status (indicate all that apply and duration of each, ex. 1965-1985): Never married_____
Married 1_____ Separated 1_____ Divorced 1_____ Widowed 1_____
Married 2_____ Separated 2_____ Divorced 2_____ Widowed 2_____
Married 3_____ Separated 3_____ Divorced 3_____ Widowed 3_____

* GENERAL INFORMATION *

Child's current household:

Adoptive parents ___
Blended family (both spouses with children) ___
Father only ___
___
Foster family ___
Institution ___
Mother only ___
Natural Father and Stepmother ___
Natural Mother and Stepfather
Natural Parents ___
Relatives ___
Other_____

List by Household your child's current family, beginning with the oldest member and include the child:
Primary Household (anyone who currently lives with child)
How long in this current living situation: _____

Name	Age	Gender	Relationship to you (include step, half, etc.)

Child lives in: House_____ Apartment _____ Duplex _____ Other_____

Second Household (non-custodial or extended family - if applicable)

Name	Age	Gender	Relationship to you (include step, half, etc.)

Currently involved in a custody dispute: No Yes (If yes, explain) _____
_____

If divorced, circle the number which best describes your relationship with your ex-spouse.

Hostile Frustrating Friendly
1_--_____2_____3_____4_____5

How often does client see non-custodial parent? _____

**** CHILD'S HEALTH ****

Child's Primary Care Physician: _____

Name Phone

Address

Has your child ever seen a psychiatrist? Yes No
Is child currently seeing a psychiatrist? Yes No (If yes, list name, address and phone):

Name Phone

Address

Date of LAST complete physical _____
Physical Disability: Yes No (If yes, explain) _____
Chronic Illness: Yes No (If yes, explain) _____
Terminal Illness: Yes No (If yes, explain)_____
Check the following items for a diagnosis or medication that your child is now receiving or has received:

Diagnosis	**Current**	**Past**	**Date of Diagnosis**	**Name of medication**	**Dosage**
Depression	_____	_____	_____	_____	_____
ADHD	_____	_____	_____	_____	_____
ADD	_____	_____	_____	_____	_____
Conduct Disorder	_____	_____	_____	_____	_____
Learning	_____	_____	_____	_____	_____
Disability	_____	_____	_____	_____	_____
Anxiety/ Nervousness	_____	_____	_____	_____	_____
Panic Attack	_____	_____	_____	_____	_____
Manic-Depression (Bipolar)	_____	_____	_____	_____	_____
Schizophrenia	_____	_____	_____	_____	_____
Oppositional Defiant Disorder	_____	_____	_____	_____	_____

Mood/Anger	_____	_____	_____	_____	_____
Tics	_____	_____	_____	_____	_____
Insomnia/ Sleeplessness	_____	_____	_____	_____	_____
Obsessive/ Compulsive	_____	_____	_____	_____	_____
Addictions	_____	_____	_____	_____	_____
Convulsions	_____	_____	_____	_____	_____
Post-Traumatic Stress Disorder	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

(If you do not know the name and dosage of current medication, please bring the medication to your next session)

If your child has been diagnosed, who gave the diagnosis?
Counselor/Psychologist___ Family Physician___ Psychiatrist___
School___ Other_____
Name: _____ Phone #: _____

What other medication is your child currently taking?

Medication	Dosage	Taken for what reason?
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** *CURRENT CONCERNS* ***

Indicate severity of up to 10 items that currently apply to your child. (1-mild; 2-moderate; 3-severe) <u>Circle the item that you see as the most significant issue</u>)

___Abuse (physical, emotional, sexual)
___Adjustment to life changes (changing schools, parents divorcing, moving, getting married or divorced, aging, etc.)
___Bed wetting daytime wetting, soiling or related problems
___Career Decisions
___Disturbing memories (past abuse, neglect or other traumatic experience)
___Drug or alcohol use (both legal and illegal drugs)

___Eating problem (purging, bingeing, overeating, hoarding, severely restricting diet)
___Family or Stepfamily relationship problems
___Feeling angry or irritable
___Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, lacking trust, etc.)
___Feeling guilty or shameful
___Feeling sadness or depression NOT related to grief
___Feeling sadness or depression related to grief
___Gang related concerns (explain)_____
___Health concerns (physical complaints and/or medical problems)
___Illegal behaviors (runaway, stealing, fire setting, truancy, etc.)
___Learning/Academic difficulties
___Non-family relationship problems (teachers, peers, etc.)
___Parent-Child relationship (discipline, adoption, single parent, etc.)
___Personal Growth (no specific problem)
___Religious or Spiritual concerns
___Sexual concerns (excessive masturbation, inappropriate acting out)
___Sexual identity concern
___Sleep problem (nightmares, sleeping too much or too little, etc.)
___Speech problem (not talking, stuttering, etc.)
___Suicidal Ideation (thoughts of death, wanting to die)
___Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems, etc.)
___Unusual experiences (loss of periods of time, sensing unreal things, etc.)
___Other (explain)_____

Remember to circle the most significant issue.

When did you first become concerned about this issue? _____
How have you attempted before now to deal with this issue? _____
_____

Other treatment your child has received to address any of the concerns indicated above: None___
Couples Counseling___ Group counseling___ Individual counseling___
Family counseling___ Hospitalization___ Other _____

What do you enjoy most about this child? _____

What do you find most difficult about this child? _____

*Anything else you think we need to know*_____

What is the one thing I need to know to help your child today? _____

* FAMILY HISTORY/EXPERIENCES *

(For each of the following items that apply, write in your child's approximate age at the time it occurred):

Raised by:
Adoptive parent(s)___ Institution___ Relatives___
Foster parents___ Natural parents___ Single natural parent___
Grandparents___ Natural and step-parent___ Other_____

Stressors in the Family:
Chronic illness of family member___ Death of significant person___ Domestic Violence___

Family member absent (explain)_____
Family member's disability/major accident/illness___
Family member emotional problems (explain)_____
Family member suicide (explain)_____
Financial problems___ Moved a lot___ Parents arguing frequently___ Parents divorced___
Other _____

History of your child having learning, emotional, behavioral problems: Yes No
(If yes, please explain) _____

History of your child having alcohol/drug/substance abuse: Yes No
(If yes, please explain) _____

History of family violence: Yes No
(If yes, please explain) _____

History of criminal activity in the family: Yes No
(If yes, please explain) _____

Has your child been abused (check all that apply): Physically___ Emotionally___
Sexually___

Has your child been neglected (check all that apply): Physically___ Emotionally___

School Problems (check all that apply):
Academic problems___ Discipline problems___ Severely teased___
Unpopular___
Other _____

Early Language/Speech Problems (explain)_____

History of emotional concerns include:
Appetite change ___ Heard voices___ Suicidal thoughts___
Emotional problems___ Loss of energy or fatigue___ Suicide attempts___
Gained weight ___ Lost weight___ Other _____

History of behavior problems includes: (check all that apply):
Accident-prone___ Aggressive Behavior
(explain)_____
Alcohol/drug use___ Attention problems___ Frequent arguments___ Hyperactive___
Impulsive___ Loner___ Misbehaved a lot___ Ran away___

Taken advantage of___ Temper outbursts___ Trouble with the law___
Other_____

History of anxiety symptoms includes: (indicate all that apply):
Irritable ___ Obsessive worrying ___ Physical symptoms (below) ___
Keyed up, on edge ___ Phobias ___ Other _____

History of health/physical problems includes: (check all that apply):
Asthma___ Disability___ Nervous stomach ___

Bedwetting___ Dizziness ___ Neurological problems/exam___
Bone/joint/muscle ___ Headache (kind) ___ PMS ___
Chest pain ___ Heart Palpitations___ Serious overeating/undereating__
Chronic illness___ Hospitalization___ Shortness of breath without exertion ___
Developmental delay(s)___ Major accident___ Sleep problem___
Diarrhea ___ Major illness___ Surgeries___
Other_____

History of trauma/stressor includes: (check all that apply):
Child separated from parent (how long and when)_____
Death of a pet___ Death of a significant person___ Incarcerated family member___
Medical___ Natural Disaster___ Sexual Assault___
Victim of trauma (unusual, terrifying experience)___
Other_____

History of interpersonal problems includes: (check all that apply):
Aggressive behavior (explain)_____ _____
Bullied___ Taken advantage of___
Frequent arguments___ Temper outbursts___
Loner___ Other_____

Family Atmosphere (circle the number that best describes how you view your child's current family atmosphere)

Very lenient	1	2	3	4	5	Very strict
Very non-religious	1	2	3	4	5	Very religious
Chaotic	1	2	3	4	5	Highly structured
Few expectations	1	2	3	4	5	High expectations
Inconsistent	1	2	3	4	5	Consistent

Family Support System (such as church, friends, relatives, school)

Hardly any support 1 2 3 4 5 Considerable support

Your child's current use of Computer, VCR, and Television (circle the number of hours that best describes use):

Computer (circle approximate hours spent each week)

0-2 3-5 6-8 9-11 12+

TV/VCR (circle approximate hours spent each week)

0-2 3-5 6-8 9-11 12+

Services at LifePulse Center include, but are not limited to, individual therapy, group therapy, parenting consultations, and corporate consultations, as well as play and activity therapy for children and adolescents. Individual sessions are 45-50 minutes. Psychotherapy is a process and weekly sessions are recommended for the first 8 to 12 sessions for continuous progress and change.

I have read and understand the above statement. I also understand that I will be charged $120 for a 45-50 minute session and agree to pay this amount at the time of each session unless we make other arrangements for insurance reimbursement. I further understand that **I am responsible** for a $60 fee for **sessions canceled within less than 24 hours** of my scheduled appointment time; insurance does not cover this fee. In case of a need for a phone consultation, if the conversation lasts more than 10 minutes, I am responsible for a payment of $60 for the first 30 minutes and $120 for a 45 minutes consultation.

Signature: _____

Date: _____

Last Revised 6/28/2011