# FORENSIC COUNSELING SERVICES

Aaron Robb, Ph.D., LPC-S

*Program Director*

Mailing address:
2831 Eldorado Pkwy, Ste. 103-377, Frisco, TX 75033

Telephone: 972-360-7437

Interview office:
250 N. Mill St. Suite 5, Lewisville (across from City Hall)

Fax: 940-343-2601
www.texascounseling.org


## CHILD INFORMATION FORM

Child's Name: ________________________________________ Gender: _________________

Date of Birth ______________________ Age ___________ Date completed: _______________

Form completed by: _____________________________ Relationship to child: ______________

### MEDICAL HISTORY

Name of pediatrician: ____________________________________________________________

Address: ________________________________________________________________________

Phone: __________________________________ Fax: __________________________________

Last medical evaluation (date):________________ Next appointment (date): _______________

Other physicians the child sees:

Name: ___________________________________________ Reason: _______________________

Name: ___________________________________________ Reason: _______________________

Current medications being taken (use additional pages if needed):

| Medication name | Dosage and Frequency | Start Date | Purpose |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Has the child ever been hospitalized for medical or psychiatric reasons? (Circle one) YES NO

| Hospital name/location | Date | Reason |
|---|---|---|
| | | |
| | | |

Has the child ever been in counseling/therapy for any reason? (Circle one) YES NO

| Counselor/therapist name/address | Date | Reason |
|---|---|---|
| | | |
| | | |

Has the child ever experimented with tobacco, alcohol, or other drugs? (Circle one) YES NO

If yes, please describe (including what drugs and how much/often): ______________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe any important medical history, including chronic ailments, depression, anxiety, or other emotional difficulties, the child experiences: ____________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe any other health problems or important medical history about the child's immediate family members and close relatives, including chronic ailments, depression, anxiety, or other emotional difficulties: ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

## SCHOOL AND FAMILY HISTORY

| Current and past school names/locations (please list current school first) | Dates of attendance | Last grade completed |
|---|---|---|
| | | |
| | | |
| | | |

Does the child have any developmental, academic, or behavior problems? (Circle one) YES NO

If yes, please explain: ________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please check all information which applies to persons who have raised the child:

| Biological Mother | Biological Father | Other Who:_________________ | Other Who: ________________ |
|---|---|---|---|
| ___ living | ___ living | ___ living | ___ living |
| ___ deceased | ___ deceased | ___ deceased | ___ deceased |
| ___ married | ___ married | ___ married | ___ married |
| ___ divorced | ___ divorced | ___ divorced | ___ divorced |
| ___ remarried | ___ remarried | ___ remarried | ___ remarried |

If the child lives in multiple households, please describe the current parenting time arrangements:

________________________________________________________________________

________________________________________________________________________

***Please attach a copy of any & all current court orders regarding the child.***

Describe your relationship (current and past) with the child: ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe the child's relationship (current and past) with their other parent: _________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list the child's brothers & sisters (use additional pages if needed):

| Name: | | Age: | Lives with: |
|---|---|---|---|
| | Relationship (same parents, stepsibling, half-sibling, etc.): | | |
| Name: | | Age: | Lives with: |
| | Relationship (same parents, stepsibling, half-sibling, etc.): | | |
| Name: | | Age: | Lives with: |
| | Relationship (same parents, stepsibling, half-sibling, etc.): | | |

Describe any family problems which occurred in the child's family relating to:

Alcohol/drug abuse: ___________________________________________________________

_______________________________________________________________________________

Sexual/physical/emotional abuse: ______________________________________________

_______________________________________________________________________________

Law enforcement (convictions, arrests, criminal involvement): __________________

_______________________________________________________________________________

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**DAY TO DAY FUNCTIONING**

Please check any of the following that describe how you believe the child has been feeling lately:

____sad ____anxious ____depressed ____frightened ____guilty ____angry

____ashamed ____aggressive ___resentful ____worthless ___tearful ____irritable

____confused _____extreme ups/downs _____jealous _____hopeless ____helpless

Describe any behaviors the child has demonstrated that concern you: ______________________

_______________________________________________________________________________

Has the child had any change in eating or sleeping habits? (Circle one) YES NO

If yes, please describe: _________________________________________________________

_______________________________________________________________________________

What activities or hobbies does the child participate in? _____________________________

_______________________________________________________________________________

Does the child participate in regular exercise? (Circle one) YES NO

How much time does your child spend in front of a computer, tablet, television, or other screen?

___

Has the child ever **considered** suicide in connection to **current** problems? (Circle one) YES NO

If yes, please give date(s) and describe: ___

___

Has the child ever **considered** suicide in the **past**? (Circle one) YES NO

If yes, please give date(s) and describe: ___

___

Has the child ever **attempted** suicide? (Circle one) YES NO

If yes, please give date(s) and describe: ___

___

Has the child ever tried to hurt adults, peers, or animals? (Circle one) YES NO

If yes, please give date(s) and describe: ___

___

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## CURRENT CONCERNS AND GOALS

Please note any current impediments or problems in daily emotional, social, or occupational functioning (e.g. isolation from friends/family, difficulty completing daily tasks, problems between co-parents, problems at school, etc.) or other information you would like to share:

___

___

___

___

___

___

What are your goals for therapy? ___

___

___

___

___