



# Client History Form – Child & Adolescent

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_ Gender: M ☐ F ☐

Name of Person Completing this Form: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

What is it about your child that concerns you?

\_\_\_\_\_

How long has this problem existed? \_\_\_\_\_ ☐ Years ☐ Months

What have you been told by others regarding your child's difficulties?

\_\_\_\_\_

\_\_\_\_\_

What can I do to help your child?

\_\_\_\_\_

Who lives in the home?	Age	Education Level	History of Emotional or learning difficulties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mother's Occupation: \_\_\_\_\_ Health Status: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Health Status: \_\_\_\_\_

What languages are spoken in the home: \_\_\_\_\_

Blended/Separated/Divorced Family? ☐ Yes ☐ No When did the divorce/separation occur? \_\_\_\_\_

Who is the custodial parent? \_\_\_\_\_

Where is the custodial parent? \_\_\_\_\_

How often does the child see the non-custodial parent? \_\_\_\_\_



The minor(s) named below live in my home:

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your relationship to child(ren): ☐ Parent ☐ Stepparent ☐ Guardian ☐ Grandparent

I hereby swear that I have the following legal custody: ☐ Joint ☐ Sole ☐ None

I hereby swear that I have a legal right to obtain treatment for the above-named children: ☐ Yes ☐ No

- In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above child(ren).

Are you willing to do so? ☐ Yes ☐ No

**If the answer to any of the above questions is 'No' counseling services can not be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to the office.**

- I have read, understand and agree to the Confidentiality Statement and the Informed Consent/Duty to Warn (exceptions to confidentiality).
- I am aware of its content and policies and understand that a copy of this Signature Statement will be part of my case record.
- I consent to have the above-named minor receive therapeutic services provided by Fairfax Therapy Solutions LLC without a parent or a guardian present.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date