Janice Brown-Silveira, M.A. LLC
Licensed Marriage and Family Therapist
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Minor Information Form

Today's Date_____

Identification

Your Name_____ Date of Birth_____

Child's Name_____ Date of Birth_____

Home/Evening phone_____ Cell phone_____

Where would you like to be contacted? Home ____ Cell_____ Other____

Calls will be discreet, but please indicate any restrictions _____

Home Address _____

_____

Please list the names and dates of birth of your child's immediate family members

Mother's name and date of birth _____

Father's name and date of birth _____

Sibling's name and date of birth _____

Sibling's name and date of birth _____

Sibling's name and date of birth _____

Other_____

Other_____

Other_____

Legal Custody Mother Father Both Other _____

Is there any reason to believe that any of this child's legal guardians would oppose treatment? Yes No

Are you the legal guardian of this child? Yes No

Medical care From whom does your child obtain medical care?

Doctor's Name_____ Phone_____

Address_____

Are there any specialists your child is seeing? Yes No

Doctor's Name_____ Phone_____

Doctor's Name_____ Phone_____

May I contact your child's doctor so that we may coordinate our treatment?

Yes No

Please list any medical conditions your child has or has had in the past

_____

_____

Please list any injuries and / or surgeries your child has had and when they occurred

_____

_____

Please list any medications your child is taking, who is prescribing them, and in what dosage they are to be taken

_____

_____

_____

Is there any history of physical or mental illness in your family? Yes No

If "Yes", please explain

_____

_____

_____

_____

Developmental milestones (in months or years of age) Sitting _____ Walking _____

Talking _____ Toilet trained _____ Breast fed? Yes / No Bottled fed? Yes / No

Prenatal Care_____ Labor/ Delivery issues _____

School What school is your child currently attending?

Name_____

Current Grade Point Average (approximately)_____

Teacher's name_____

Please list all schools your child has attended in the past and their years of attendance

_____

_____

_____

Legal

Is your family currently involved in any legal proceedings? Yes No

If "yes" please explain

_____

_____

_____

_____

Previous treatment

Has your child received any previous mental health treatment or counseling?

Yes No

If "Yes" please list type of treatment, what it was for, and your child's age at the time

_____

_____

_____

_____

_____

Emergency information

If an emergency arises and I cannot reach you directly, whom should I contact?

Name_____ Phone_____

Address_____