



GRACE & TRUTH CHRISTIAN COUNSELING

16707 Highway 45, Louisville, IL 62858

618-665-3050 (Counseling Office)

CLIENT INFORMATION FORM (CHILD)

Date: _____

Birthdate: ____/____/____ Sex: M F Marital Status: S M WID SEP DIV

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Ok to leave a voicemail at home? Y N

Cell: _____ Ok to leave a voicemail? Y N OK to text? Y N

Employment Status: Student Full Time Part Time Not employed Retired

School you attend: _____ Grade: _____

PARENT INFORMATION:

Reside in the home of: Mother Father Both parents

Mother's Name: _____ Cell: _____

Address: _____

Home Phone: _____ Work Phone: _____

Father's Name: _____ Cell: _____

Address: _____

Home Phone: _____ Work Phone: _____

FAMILY:

Siblings: _____ Age: _____ Live in same household: Y N

Siblings: _____ Age: _____ Live in same household: Y N

Siblings: _____ Age: _____ Live in same household: Y N

Siblings: _____ Age: _____ Live in same household: Y N

Siblings: _____ Age: _____ Live in same household: Y N

Anyone else residing in your house? Y N

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PERSON RESPONSIBLE FOR PAYMENT:

Relationship to Client: Self Spouse Parent Stepparent Other _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

FINANCIAL INFORMATION:

Please indicate COMBINED family annual gross income (i.e.: child support, alimony, wages, disability, etc.):

HEALTH/MEDICAL INFORMATION:

Child's current health: Very Good Good Average Declining

Physician(s): _____

Current medical problems: _____

Current Medications: _____

Pediatrician(s): _____ Psychiatrist: _____

Is your child receiving special services at school? Y N If yes describe: _____

SUBSTANCE USE:

How often do you drink alcohol?

Daily Weekly Monthly On Special Occasions Never

Is alcohol an area of concern for you? Y N

If yes, explain _____

How often do you engage in recreational drug use?

Daily Weekly Monthly On Special Occasions Never

Is recreational drug use an area of concern for you? Y N

If yes, explain _____

COUNSELING INFORMATION:

How did you hear about G & T Counseling? _____

Have you previously sought counseling? Y N

If yes, where? _____ When? _____

Who was your therapist? _____

How satisfactory was your experience(s)? _____

Have you ever been hospitalized for behavioral health issues? Y N

If yes, where? _____ When? _____

What was the reason you were hospitalized? _____

Please list reasons for seeking counseling at this time: _____

What are your primary symptoms? _____

How long have you been experiencing this problem? _____

What do you hope to accomplish through counseling? _____

FAMILY HISTORY:

Has anyone in your family previously sought counseling? Y N
If yes, where? _____ When? _____
What was the reason for counseling? _____

Have you or anyone in your family received a mental/behavioral health diagnosis? If yes, indicate the diagnosis and the relationship of the family member (i.e.: self, mom, dad, aunt, etc.)

- ADHD Y N _____
- Anxiety Y N _____
- Autism Spectrum Disorder Y N _____
- Bipolar Y N _____
- Depression Y N _____
- Eating Disorders Y N _____
- Obsessive compulsive Disorder (OCD) Y N _____
- Post Trauma Stress Disorder (PTSD) Y N _____
- Schizophrenia Y N _____
- Substance Abuse/Addiction Y N _____
- Suicidal Attempts Y N _____
- Other: _____ Y N _____

Have your family members ever been hospitalized for behavioral health issues? Y N
If yes, who? _____ When? _____
What was the reason they were hospitalized? _____

LEGAL HISTORY:

Do you have any history of legal charges? Y N
If yes, please explain _____

Are you currently on probation or parole? Y N
If yes, please explain _____

Is treatment court ordered? Y N
If yes, please explain _____

ABUSE HISTORY:

Have you ever experienced any kind of abuse? (Physical, Mental, Sexual, Verbal) Y N
If yes, please explain _____

SPIRITUAL:

How important is religion/spirituality in your life? _____

How often do you attend church? Regularly Occasionally Never

Where do you attend church? _____ NA

OPTIONAL: Answering these questions is optional; however, it will help us to serve you better

Are you happy with yourself? _____

What do you like about yourself? _____

What are your strengths? _____

What are your weaknesses? _____

Are you happy with your marriage/relationship? _____

What major changes have you gone through in the past 2years? _____

Is there anything else you feel that we should know or that you are concerned about? _____

I certify that, according to my knowledge, all of the above information is true and correct.

Client's Signature: _____ Date: _____

Parent's Signature (if Client is under 18): _____