

Carolina Center for Counseling & Behavioral Interventions, LLC

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Child and Adolescent Information

Name _____ Date of Birth _____
School _____ Grade _____

Family Information

Please list family members and others that live with child

Name	Age	Relationship to child

Please list any family members (parents, siblings, etc) that do not live with the child.

Name	Age	Relationship to child

Who has legal custody of the child?

If child is adopted, please explain circumstances relating to adoption including contact with biological parents or information known about them.

Has your child been victim or witnessed any type of trauma, neglect, or abuse (physical, emotional, or sexual)? If yes, please describe briefly.

Behavioral Information

What types of discipline are least and most effective with your child?

Please check any symptoms below that apply

Past	Current		Past	Current	
		Addictions			Hopelessness
		Aggressive behavior			Hyperactivity
		Anger			Impulsivity
		Anxiety/worry			Isolation
		Appetite changes			Lack of motivation
		Breaking the law			Learning Problems
		Crying spells			Loss/death of significant person
		Decreased energy			Relationship problems
		Depression			Mood swings
		Developmental disabilities			Physical complaints
		Difficulty concentrating			School problems
		Disobedient			Self-mutilation
		Drugs/alcohol			Sexual acting out
		Eating disorders			Sleep changes
		Fears			Speech/language problems
		Fighting			Stress
		Fire Setting			Suicidal thoughts
		Hallucinations			Temper tantrums
		Health problems			Wets bed
		Homicidal thoughts			Other