

Wes Imayanagita, LCSW

Child Information Form

Child's Name: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Cell: _____

Parent/Guardian Information

Mother's Name: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Cell: _____ Work: _____
Email: _____

Father's Name: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Cell: _____ Work: _____
Email: _____

Guardian: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Cell: _____ Work: _____
Email: _____

Why being referred? _____

Child Education

Grade: _____ Name of School: _____
Any learning disabilities? _____
Academic Performance(grades) _____
Any changes in academic performance/behaviors: _____

Child's Physical Health

When was the last physical exam for your child: _____
Does your child take medications for medical problems? If so what type? _____

List any current or past medical problems: _____

Substance Abuse Issues

Current problems with drugs/alcohol? If so what type: _____

History of substance abuse? What type: _____ How long sober? _____

Any family history of drugs/alcohol? If so who? _____

Mental Health Issues

History of mental health issues: _____

Is your child seeing a psychiatrist now? If so who? _____

Is your child seeing a therapist now or in the past? If so who? _____

Any history of psychiatric hospitalizations? If so when? _____

Any prior history of traumas or accidents? _____

Childhood Abuse

(Please note: if there is a history of abuse I am a mandated reporter and may have to report any information listed here to Child Protective Services.) Any abuse? ____yes ____ no.

If so what type? ____ physical ____ sexual ____ emotional ____ neglect

Family Mental Health

Is there any history of mental health issues in the family? If so what? _____

Names and Ages of Siblings

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What to Expect at the First Appointment

When working with children, I generally meet with one or both parents for the first session prior to meeting with the child. I prefer to do this in order to discuss your concerns without the child present. By doing this, I am able to get more background and gain more perspective on the problems that are occurring with your child.

I will also discuss with you the goals of treatment for your child and how you will participate in treatment.

What to Bring to Your First Appointment

Intake paperwork: This can be done ahead of time or come 20 minutes prior to appointment and fill out the application.

- Consent for treatment from **both** parents
- Your drivers license
- Insurance Card(if applicable)
- Credit or debit card to keep on file

Payment Policy

Fees for services are due when services are provided. A current and valid credit card or debit card will be needed to reserve future appointments. Please note: I will charge your credit card or debit card for unpaid fees or sessions not cancelled 24 hours ahead of time.

Your signature authorizes any service fees to be deducted from your credit/debit card on file.

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____