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Client History Form (Child/Adolescent)
(Please Print)

Today's Date: _____

Name: _____

Date of Birth (DOB): _____

Name of Parent/Guardian: _____

Relationship to Child/Adolescent: _____

Reason for Consultation:

Duration of Problem(s):

Less than 3 Months 3-11 Months 1-2 years More than 2 years

General Information:

Residents in Home:

Name of Person	Age	Relationship to Child

How long have you lived in this home? _____

Languages spoken in home: _____

What are his/her chores/responsibilities at home? _____

Does he/she earn an allowance? _____ How does he/she otherwise get spending money? _____

What activities does the family do together? _____

How does he/she relate to those around him? _____

Is there any past/present substance abuse in the family? _____ If yes, explain: _____

Is there any past/present violence in the family? _____ If yes, explain: _____

Have there been any traumatic events in his/her life? _____ If yes, explain: _____

Religious Affiliation (if any): _____

Has the family moved in the last 5 years? _____ If so, please complete the chart below:

When?	Where?	Why?

Does he/she have contact with his/her extended family? _____ If so, please complete the chart with those that are in the child's life.

Maternal	How often?	Paternal	How often?

If the child does not have contact with certain family members, please provide an explanation below:

Health and Mental Health Information:

Have there ever been any hospitalizations for medical reasons? _____ If yes, complete the table below:

Date	Diagnosis/Issue

Please list any medical conditions or disabilities as well as medications associated with these illnesses.

Medical Condition/Disability	Medication	Dosage

Has there ever been treatment for emotional/behavioral problems? _____ If yes, complete the table below:

Date	Diagnosis/Issue	Psychiatric Treatment (Y/N)?	Hospitalized (Y/N)?

Please complete the chart for general medical information:

Condition	Y/N?	Diagnosis/Explanation
Glasses or Contacts?		
Allergies?		
Head Injuries?		
Loss of Consciousness?		
Diabetes?		
Medications?		
Other? _____		

Developmental History:

Please complete the chart with any pertinent information:

Age	Issue/Problem/Concern
1 st year	
2 nd - 3 rd year	
4 th - 5 th year	
Kindergarten	
1 st - 5 th Grades	
6 th - 8 th Grades	
9 th - 12 th Grades	
Any age while with babysitter	
Any age while with non-custodial parent	
Any age while with family members	

This is the end of the general questionnaire.

Please complete the appendices as applicable:

Appendix A: Complete if the child is between the ages of 13-18.

Appendix B: Complete if the child is in a divorced, separated or blended family.

Appendix B - Divorced, Separated or Blended Families

Note: Please complete this page only if the topic above pertains.

When did the divorce or separation occur? _____

Who is the custodial parent? _____

Is the non-custodial parent involved in the child's life? _____ If no, explain:

How often does he/she visit with the non-custodial parent? _____

Are there any restrictions on the non-custodial visits? _____ If yes, explain:

Mother's Marital History:

Dates of Marriage	Spouse's Name	How did marriage end?	How many children?

Father's Marital History:

Dates of Marriage	Spouse's Name	How did marriage end?	How many children?