



**Family Physician / Pediatrician / Psychiatrist / Etc. (Doctor(s) seen routinely):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years seen \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the child have any medical problems? Please explain: \_\_\_\_\_

**Current Medications:**

Taken as prescribed?

<u>Medication</u>	<u>Dosage</u>	<u>Yes</u>	<u>No</u>	<u>Doctor</u>	<u>Reason</u>	<u>How Long?</u>

**Previous Mental Health Services:**

<u>Type of Services</u>	<u>Provider</u>	<u>Date of Services</u>

**OTHER INFORMATION:**

Current or expected legal involvement: YES \_\_\_ NO \_\_\_ If yes, please explain: \_\_\_\_\_

Current Order of Protection? YES \_\_\_ NO \_\_\_ If yes, please explain: \_\_\_\_\_

Referred by: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Work

Religious affiliation: \_\_\_\_\_

What do you consider to be your child's strengths? \_\_\_\_\_

Briefly describe the problems and reasons that brought you here: \_\_\_\_\_

What would you like to achieve and/or see happen by coming here for care? \_\_\_\_\_

\*\*\* Are you allergic to dogs or do you have an aversion to them? \_\_\_\_\_  
From time to time we bring our Labrador retriever to the office with us.