



Information Form for a Minor

Child / Youth's Full Name: _____

DOB: _____ Country of Birth: _____

- Male
 Female

Form completed by: _____ Date completed: _____

Child's Parent / Caregiver's Details:

Parent / Caregiver Name: _____

Parent / Caregiver Name: _____

Address: _____

Address (if different): _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Email: _____

Email: _____

Are the above mentioned legal guardians of the child:

Parent / caregiver 1: yes no

Parent / caregiver 2: yes no

If no has been indicated, please comment on the degree of contact with biological parents, and whether any court orders exist to govern these arrangements:

School Details:

Name of school attending: _____ grade: _____

Contact person: _____ Phone: _____

Email: _____ Fax: _____

Does the child receive assistance from support person: yes no

Has the child ever repeated a grade: yes no If yes, which grade: _____

Background Information Questionnaire regarding Child / Youth:

Name of Child / Youth: _____ Age: _____

Physiological Background Information:

- Was the pregnancy normal? yes no don't know
If "no" please provide details: _____

- Was the child's birth normal? yes no don't know
If "no" please provide details: _____

- Did the child meet his / her developmental milestones? yes no don't know
i.e. crawling, walking, speaking
If "no" please provide details: _____

- Any serious childhood illnesses or medical conditions: yes no
If "yes" please provide details: _____

- Is the child receiving any medications? yes no
If "yes" please provide details: _____

- Does the child have any allergies? yes no
If "yes" please provide details: _____

- Any serious injuries / Head injuries? yes no
If "yes" please provide details: _____

- Any hospitalizations: yes no
If "yes" please provide details: _____

- Sibling(s) - names and ages (please indicate any special needs regarding other children living in the home: _____

- Who are all the people who live in the child's home? _____

Psychological Background:

Select if you are concerned about the following areas:

- Fears & Anxiety _____
- Behavioural concerns _____
- Attention Difficulties _____
- Shyness or Social Withdrawal _____
- Anger _____
- Frustration _____
- Depression _____
- Tantrums _____
- Sleep difficulties _____
- Social concerns with peers i.e. bullying, poor social skills _____
- Other: _____

Has the child ever been diagnosed with a psychological disorder? yes no

If "yes" please provide details: _____

Family Background:

Select if the child has been exposed to any of the following:

- Divorce / Separation _____
- Marital discomfort _____
- Family violence _____
- Death of a parent _____
- Death of a relative or friend _____
- Unemployment _____
- Substance abuse in the family _____
- Serious illness in the family _____
- Traumatic event _____
- Other _____

Select if there is a history in the child's immediate or in the mother or father's extended family:

- | | |
|---|---------------------|
| <input type="checkbox"/> Autism Spectrum Disorders | If "Yes" who: _____ |
| <input type="checkbox"/> Learning Disabilities | If "Yes" who: _____ |
| <input type="checkbox"/> ADHD or Attention Problems | If "Yes" who: _____ |
| <input type="checkbox"/> Depression or Bipolar Disorder | If "Yes" who: _____ |
| <input type="checkbox"/> Behaviour Problems in School | If "Yes" who: _____ |
| <input type="checkbox"/> Anxiety Disorders | If "Yes" who: _____ |
| <input type="checkbox"/> Psychosis / Schizophrenia | If "Yes" who: _____ |
| <input type="checkbox"/> Substance Abuse / Dependence | If "Yes" who: _____ |
| <input type="checkbox"/> Other _____ | If "Yes" who: _____ |

Educational Background:

- Did the child go to pre-school? yes no
If “yes” any difficulties? _____

- Select the child’s CURRENT educational performance:
 - very poor
 - poor
 - average
 - good
 - very good

- Describe the general feedback from teachers: _____

- What areas of school work does the child find difficult or boring? _____

- Does your child experience behavioural or social problems while in school? If so please explain: _____

- Does the child participate in extra -curricular activities: yes no
If “yes” please provide list of activities and time involved:
 - 1. _____ Hours per week: _____
 - 2. _____ Hours per week: _____
 - 3. _____ Hours per week: _____
 - 4. _____ Hours per week: _____
 - 5. _____ Hours per week: _____

- Please list names of previous schools attended:
 - _____ Years attended: _____
 - _____ Years attended: _____
 - _____ Years attended: _____

Reasons for seeking support:

- Please list your concerns for your child / youth and reason(s) for seeking counselling support?
 - ◆ _____
 - ◆ _____
 - ◆ _____

- Describe your child’s sleep routine (including bedtime and wake up time):

- Do you have any concerns regarding child's appetite? _____

- How would you describe your child's mood? _____

- Do you have any safety concerns for your child such as self-injury or suicide ideation?

- What do you find most challenging about raising your child? _____

- What (if any) things would you like to work on as a couple / individual / co-parents?

- What are your child's interests? Favorite toys? Favourite activities? _____

- Describe your child's areas of strengths: _____

- Is there any other information you feel is important for understanding you and your child?

- Overall how concerned are you about your child:

- Mother: not at all a little moderately quite a lot extremely
- Father: not at all a little moderately quite a lot extremely