

Child/Teen's Name: _____ Date of Birth _____

Social Security Number _____

Parent(s) Name(s) _____

If the individual listed as parent is not biological parent, do you have proof of guardianship or POA? NO YES N/A

Address _____

Phone: _____

Email: _____

Preferred method of contact for appointment reminders: Text Phone Email

Insurance Information:

INSURANCE CARRIER: _____

POLICY HOLDER NAME: _____ DOB: _____

ID# _____ GRP# _____

CARRIER PHONE: _____

CARRIER ADDRESS: _____

Responsible Party: _____

General

Sex at Birth: Male Female

Does child/teen identify with LGBTQ+ community? NO YES (orientation) _____

Does child/teen have any disabling conditions? NO YES (list) _____

1. Race: Black/African American American Indian/Native Alaskan Asian White Native Hawaiian/Pacific Islander
prefer not to answer

2. Ethnicity: Not Hispanic Puerto Rican Mexican Cuban Other Hispanic

3. Is family receiving food stamps/SNAP? NO YES Is family receiving TANF? NO YES

4. Does child/teen live with biological parent(s)? NO (explain) Yes

5. Has any member of your immediate family served in any branch of the armed forces/military? NO YES

6. School? _____ Grade _____ Is child/teen on an IEP? NO YES

7. Support groups: NONE or
(List) _____

8. # of HOUSEHOLD MEMBERS _____ Annual Income \$ _____

9. Does child/teen have a family doctor or primary care provider? NO
YES(who) _____

10. Is child/teen currently taking medications? NO YES (list below)
Medications _____

11. Check any HEALTH ISSUES that apply to child/teen - Diabetes cardiovascular disease High Blood Pressure
High Cholesterol Cancer Smoking Obesity Asthma

12. Are there any issues with speech, hearing or vision? (explain)

13. Did mother receive prenatal care during pregnancy? No Yes

14. Were there any complications during labor or delivery? NO Yes
(explain) _____

15. Was there any prenatal exposure to substances including prescribed medications? NO Yes (explain)

16. Did child/teen meet all developmental milestones such as talking? No (explain) Yes

17. Has child/teen ever been to counseling before? No Yes (where, when and diagnosis if other than CMHC)

Additional comments: