



**BRIEF QUESTIONNAIRE
(CHILD)**

SECTION I

Name _____

Date of Birth _____ Place of Birth _____ Birth Weight _____

Circle one: Normal Delivery/ C-Section Current Height _____ Current Weight _____

School Attending _____ Grade _____ Teacher's Name _____
(Elem School Only)

Grades (Check one) Below Average: _____ Average: _____ Above Average: _____

Emergency contact name and phone# _____

Parents' names: Father _____ Biological __ Adoptive __ Step __
Mother _____ Biological __ Adoptive __ Step __
Guardian _____

Brothers and Sisters: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

SECTION II

Name of Pediatrician _____ Date last seen by pediatrician _____

Is child currently under the care of any medical specialists? If so, please list doctor(s) and condition(s) being treated _____

List current medications and dosage _____

Briefly describe child's overall health _____

Any current or past medical problems/concerns not specified above? Please list (include environmental, food, and/or medication allergies) _____

Which, if any, of these substances has your child used?
tobacco __ alcohol __ nonprescription drugs __

SECTION III

Has child or family received any previous counseling? If so, when, where, and for what reason?
Please explain _____

Has child been hospitalized for mental health reasons? Please explain and provide date(s) of
hospitalization _____

Any history of significant mental health problems among other family members (either
immediate family or extended family)? If so, please explain _____

SECTION IV

Has your child been involved in the juvenile justice system for any reason? yes__ no__

If "yes," please describe (include dates) _____

Does child have special interests, talents, or hobbies? Please list briefly _____

SIGNATURE OF PERSON WHO COMPLETED THIS FORM _____

RELATIONSHIP TO CHILD _____

DATE _____

I certify that I am a legal guardian of the child named on this form. As legal guardian, I
give permission for this child to be treated at WellSpring Counseling Center.

Guardian's Printed Name

Guardian's Signature

Relationship to Child

Today's Date