Linda Heins, LCSW
Licensed Clinical Social Worker

Child/Adolescent Client Information

Client's name_____ Gender _____Age/DOB_____
Address _____
Email_____
Parent(s) name_____
Stepparent(s) _____
Legal Guardian _____

Telephone numbers where you can be reached (home/work/cell)
_____

Briefly describe what brings your child or family to therapy at this time:
_____

_____

In the past few months if your child has experienced difficulty in these areas noted below please indicate. 1 = mild difficulty 2 = moderate difficulty 3 = severe difficulty

____Depression	____Life Transitions	____Anxiety
____Sleep	____Relationship Issues	____Nervousness
____Weight Change	____Abuse/Trauma	____Panic Feelings
____Body Image	____Grief/Loss	____Racing Thoughts
____Memory Problems	____Anger	____Physical Violence
____Concentration Problems	____Mood Swings	____Excess Energy
____Behavioral Challenges	____Sexual Identity	____Lack of Energy
____Self Harm	____Alcohol/Drug use	____Medical condition
____Suicidal thoughts/ Attempts	____Unwanted Sexual Experiences	____Difficulty at Work/ School

Current stressors in child's life_____
_____
Current supports in child's life _____
_____

Has your child ever been in counseling before? _____yes _____no
If yes, who did they see? When? _____
Was this a positive experience? _____yes _____no
Have you or any family member been hospitalized for a psychiatric reason? If yes please specify:
_____

Medical Information:

Child's Primary Care Physician _____
Physician's telephone number_____

503.653.5205
lindaheinslcsw@gmail.com
10121 SE Sunnyside Rd. Suite 300
Clackamas OR 97015

If your child has any ongoing medical condition(s) please explain:_____
_____

If your child is taking any prescribed medication(s), please explain and include the dose(s).
_____
_____

Education

Child's grade_____ Name of School_____
Teacher's name _____
School Counselor_____
Is your child receiving any special services? If yes, explain_____
_____

Employment

Is your child employed? _____yes _____no _____seeking employment
Place of employment_____ Job title _____
Average number of hours worked weekly_____
Do you or anyone else have concerns about his/her employment? _____yes _____no

Substance Use

Does your child use alcohol/drugs? If yes, explain: _____
_____

The following has resulted from my use of alcohol/drugs:
____traffic violation ____fight with a friend _____ ruined relationship
____problems with school/work ___black outs ____difficulty with memory

Do you or any one else have any concerns about your use? _____yes _____no

Social Information:

How easy is it for your child to make friends? ___Very Easy ___Fairly Easy ___Difficult
How often do they socialize with peers? ___Very often ___Often ___Not Often

Can you briefly tell me about your child's strengths, hobbies and/or interests?
_____
_____

How did you hear about me? _____
May I have permission to thank them for the referral? _____yes _____no