

**Lauren B. Forsythe, MA, LPC**

**Counseling Center @ Calvary Church**  
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**Child/Adolescent Information**

**Child's Name:** \_\_\_\_\_ **Child's Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Guardian's Name (1):** \_\_\_\_\_ **Relationship to Child(ren):** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Permission to Leave Messages?** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

(Address)

(City)

(State)

(Zip)

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

*(if applicable)*

**Guardian's Name (2):** \_\_\_\_\_ **Relationship to Child(ren):** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Permission to Leave Messages?** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

(Address)

(City)

(State)

(Zip)

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Guardianship:**

Who has legal guardianship of the child seeking counseling?

*If different than biological parent, a copy of the order granting guardianship must be provided prior to the first session.*

*I acknowledge that both natural parents, even though separated/ divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).*

**Primary Family Members:**

Name	Age	Relationship to child seeking counseling

**School Information:**

<i>Child</i>	<i>Grade</i>	<i>Name of School</i>

**School Information (Cont'd):**

Child's School \_\_\_\_\_  
School address/Phone number \_\_\_\_\_  
Who is your child's primary teacher? \_\_\_\_\_  
Has your child experienced any difficulties in school?      Yes      No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical/Mental Health History:**

Has your child previously received mental health services?      Yes      No  
If yes, indicate name of professional and dates of service: \_\_\_\_\_  
\_\_\_\_\_  
When was your child's last medical examination and what was the reason for the examination? \_\_\_\_\_  
\_\_\_\_\_  
Does your child drink alcohol or use recreational drugs (if you know)?      Yes      No  
If yes, please describe the nature and frequency of use: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications that are currently prescribed to your child and the reasons for taking such medication:

Medication Name:	Taken For:	Prescribed By:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have, or have they ever had, any medical conditions I should be aware of?      Yes      No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Were there any significant difficulties during pregnancy/childbirth?      Yes    No  
 If yes, please describe: \_\_\_\_\_

**Please circle any of the following that pertain to your child:**

Nervousness	Depression	Fears
Shyness	Intrusive Thoughts	Suicidal Thoughts
Separation	Divorce	Finances
Drug Use	Alcohol Use	Friends
Anger	Self Control	Unhappiness
Sleep	Stress	Work/School
Relaxation	Headaches	Tiredness
Legal Matters	Memory	Ambition
Decreased Energy	Insomnia	Making Decisions
Loneliness	Inferiority Feelings	Concentration
Nightmares	Appetite	Health Problems
Stomach/Bowel Trouble	Self-harm (cutting, etc.)	Separation Anxiety
Sudden Weight Gain/Loss	Change in sleeping patterns	Allergies
Aggression	Bed Wetting/Soiling	Truancy
Other:		

**Please list your child's closest friends:**

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**Please list any extracurricular activities/sports that your child participates in:**

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**What are the primary issues/reasons for seeking counseling at this time?**

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**How long have these issues been affecting your child?**

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**Where are the problems observed most (home, school, work, etc...)?**

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**What do you hope your child will accomplish in counseling?**

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**What does your child hope to accomplish in counseling (if applicable)?**

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**Is there anything else you want me to know at this time?**

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**The best way to contact me for scheduling purposes (text, email, phone call):**

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**The best way to contact me for non-urgent counseling related updates or concerns: (email, phone call):**

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*Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_