

Please note that the information on this form is considered to be private and confidential and is used by the Psychologist in the assessment process. If you do not feel comfortable completing any of the questions feel free to leave blank and discuss with the psychologist in session.

Child's name:			
Age:			
Diagnosis (if relevant):		Date of diagnosis:	
Key presenting issues or concerns about your child:			
How long have these difficulties been occurring?			
What have been your strategies for dealing with these issues?			
Did you your child meet his/her developmental milestones on time?			
What major events or changes has your child been exposed to?			
Describe your child's eating habits:			
Describe your child's sleeping habits:			

Family Information

Mother's name:			
Father's name:			
Are parents divorced / separated? Yes / No			
If yes please briefly outline custody arrangements:			
Siblings			
Name	Age	Sex	Living at home?
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
Please note anyone else living in the child's home:			

School Information

School / Preschool:			Phone:	
Year:		Name of teacher or key contact at school:		
Key issues reported by the school (if any):				

Are you okay for the Psychologist to contact the school if deemed necessary as part of the assessment or therapy for your child? **Yes / No**

Background Information and History:

Is there a family history of psychological or behavioural issues? Please describe:

Has your child previously seen a Psychologist or counsellor? If so please provide details:

Has your child sought treatment from any other health professional (current or previously)? If so please describe:

******Please provide a copy of any reports from previous assessments or treatment interventions******