



Integrative Counseling and Psychological Services  
[www.sollarsassociates.com](http://www.sollarsassociates.com)

Administrative Office  
 1777 Axtell Dr., Suite 101, Troy, MI 48084  
 Fax: (248) 385-1193 Phone: (248) 787-0855

**Child / Adolescent Client History Form**

**Personal Information**

Today's Date	
Client Name	
Client Date of Birth / Age	
Client Gender / Pronoun	
Guardian Name (if applicable)	
Client / Guardian Phone Number	
Client / Guardian Email Address	
Education Level	
Name of School / City	
Grade	
Names, Ages and Relationships of Those Living with Child (parents, step parents, siblings, etc)	
Custody Arrangement (if applicable)	

**Medical and Health History**

List any allergies	
Primary Care Physician's Name	
Primary Care Physician's Address	
Date of your most recent physical exam	

Name of Medication	Dosage	Name of Doctor	First Prescribed?

Current Health Problem	Past Health Problems	Major Operations	Date

Former Therapist's Name	Dates of Service

### Reasons for Seeking Counseling

Please check only those of the following items, which frequently apply to your child:

Headaches		Nervous		Moving around	
Clumsy		Athletic		Stomachaches	
Worries		Self-conscious		Easily discouraged	
Bold		Generous		Self-Confident	
Temper outbursts		Enthusiastic		Selfish	
Easy-going		Indifferent		Shy	
Carefree		Careless		Moody	
Friendly		Courteous		Lazy	
Mentally slow		Average		Aggressive	
Quiet		Tantrums		Bright	
Very active		Cooperative		Hyperactive	
Gender identity confusion		Precocious sexual behavior		Other	