Teresa Heesacker Counseling
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Child / Youth Client Interview

(To be filled out by parent, regarding child)

Child's full name: _____ Today's Date: _____

Date of birth: _____ Age: _____ Gender: (biological / identified) _____/_____

Custodial parent(s) name(s): _____

Address: _____

_____

Parent's phone: _____ E-mail address _____

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Preferred method of contact (phone, text, e-mail): _____ Okay to leave a message? _____

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Employer, City and phone: _____

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Non-custodial parent(s) full name(s) (if applicable): _____

Address: _____

_____

Phone: _____ E-mail address _____

Preferred method of contact (phone, text, e-mail): _____ Okay to leave a message? _____

Employer, City and phone: _____

Will this parent be involved in treatment? _____

Person/organization referring you to Teresa Heesacker Counseling: _____

People (and pets) living in the home, date of birth, relationship to child:

_____

_____

_____

_____

_____

Important family members living outside of the home? _____

Describe child's relationship with parents: _____

_____

Describe child's relationship with siblings: _____

_____

What are the child's strengths? _____

_____

What are the child's weaknesses or challenges? _____

_____

What are your strengths as parents? _____

_____

What are your weaknesses or challenges as parents? _____

_____

Other important people or attachment figures in the child's life? _____

_____

Where does the child attend school? _____ Grade: _____

Favorite subjects: _____

Least favorite subjects: _____

Describe child's relationship with teachers: _____

_____

Describe child's relationship with peers: _____

_____

Describe child's academic achievements and challenges: _____

_____

Emergency Contact and relationship to child: _____

_____

Primary care physician and contact information: _____

_____

Date and reason for last visit to primary care doctor: _____

Is child adopted or fostered (if yes, please describe circumstances)? _____

_____

_____

Describe any complications during pregnancy with child, birth or infancy: _____

_____

_____

Describe any developmental delays or concerns: _____

_____

Were there any significant events or milestones in the child's life? _____

_____

Has the child witnessed physical or emotional violence (if yes, please describe)? _____

_____

Has the child ever experienced abuse, neglect or trauma (if yes, please describe)? _____

_____

Has the child ever experienced any crisis or loss (if yes, please describe)? _____

_____

Does child have any allergies: _____

What happens when child has a reaction?_____

Any medications: _____

_____

Any current or prior medical diagnosis, surgeries or illnesses you want me to know about? _____

_____

_____

Any history involving a head injury? _____

Any mental health history in extended family? _____

_____

Any past or current thoughts of harming self or others (if yes, please describe dates and duration)? _____

_____

How is child's over all health? _____

Stress level: _____

Exercise: _____

Sleep hours / quality: _____

Nutrition: _____

Social network / Activities _____

_____

Is spirituality important to your child? _____

Does child use nicotine (if yes, frequency)? _____

Does child use marijuana (if yes, frequency)? _____

Does child use alcohol (if yes, frequency)? _____

Does child use street drug (if yes, type and frequency)? _____

If child is a teen, is teen sexually active? If yes, does teen use birth control? _____

What concerns brought your child in today? _____

_____

What are child's current symptoms: _____

_____

_____

Has your child ever experienced this before? If yes, when and circumstance: _____

_____

What makes it worse? _____

_____

What makes it better? _____

_____

Has your child seen a professional before about this issue? If yes, dates and provider: _____

_____

How was that experience for you and your child? _____

_____

What are your hopes or goals for your child and my time together? _____

_____

_____

What are your hopes for the parent - child relationship? _____

_____

_____

What questions do you have or information still to share? _____

_____

_____

Thank you for sharing. This information will be kept confidential. I look forward to working with you, *Teresa*