

Confidential Family Data Report

Family Name

Dear Parents:

This Confidential Family Data Report has been designed to assist us in better understanding your family and the reason why you came to us. Careful consideration of each question will enable you to provide us with valuable information concerning your family. Your comments will remain strictly confidential.

As parents, please confer jointly on each question and answer each one that is appropriate to your family. Cross out the number in front of those questions that do not apply to you. Please feel free to elaborate upon any answer you give and to add additional remarks at the end of the questionnaire.

Thank you.

(Please complete the front and back of all pages of this report.)

CONFIDENTIAL FAMILY DATA REPORT

CHILD'S FULL GIVEN NAME

TODAY'S DATE

AGE

CHILD'S NICKNAME (IF ANY)

_____/_____
SCHOOL GRADE

_____/_____/_____
DATE OF BIRTH

SOCIAL SECURITY #

Home Address _____ City _____ ST ___ ZIP _____

Home Phone (____) _____ - _____

HOUSEHOLD COMPOSITION

Please list the persons presently living with the client (including yourselves).

NAME	AGE	RELATIONSHIP	SCHOOL LAST ATTENDED/ EDUCATIONAL LEVEL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list immediate members of the family not currently in the home.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENTAL HISTORY

Alcohol or Drug use: Mother Yes No Father Yes No

If yes, Please explain: _____

Occupation of:

FATHER _____ DOB ____/____/____ Work Phone ____-____-____

MOTHER _____ DOB ____/____/____ Work Phone ____-____-____

Parent(s),

Have you been seen by a therapist before? Y/N By Whom? _____ When? _____

Who referred you here? _____

How many years have you been married? _____ List previous and/or subsequent marriages of both parents (include dates).

1. We consider our child's problem to be

2. When and under what circumstances was the problem first noticed ?

3. Has the problem become better or worse? (*Describe any changes.*)

4. As the parents have you ever believed that you may have partially been responsible for your child's problem?
Yes _____ No _____ (If "yes", please explain)

5. Did either of you (Parents) have similar difficulties as a child? *Yes _____ No _____ (If :yes: please explain)*

6. Has your child had temper tantrums, fears, thumb sucking, sleep disturbances, head banging, running away from home, or other distressing behavior? (*Please circle*) Others (please explain)

7. Was your child, as a baby, a happy infant or was he difficult to manage?

8. Were your child's developmental "milestones" (when child first sat, crawled, stood, walked, talked, etc.) similar to his brothers, sisters, cousins or neighborhood children? If not, please describe.

9. Indicate any significant illnesses, hospitalizations or surgical procedures during your child's life.

10. How does your child get along with his/her brothers and sisters? (*Be Specific*)

11. Does your child have many friends? _____
12. How does your child typically act with children his own age?

13. How is your child's school achievement? (*Be Specific*)

14. How many separate schools have been attended? _____ What is your opinion of the quality of the schools and the teachers that have been involved with your child's education?

15. How does your child get along with his/her present teacher?

16. What have been your child's "chores" or duties and has he been dependable?

17. What have been your child's hobbies, interests, special talents, or accomplishments?

18. The principle disciplinarian in our home is: (a) Mother _____ (b) Father _____ (c) Other (Explain)

19. Do you and your spouse agree on the use of limit setting or discipline? Yes _____ No _____ (*Please Explain*)

20. What forms of discipline have been most effective? _____
21. How does your child generally spend his leisure time?

22. What activities do your family enjoy together?

23. How often do you have an "evening out" without your child and his siblings? _____ What type of activities do you both enjoy _____

24. Current religious preference: _____
25. Church attendance: Regular _____; Frequent _____; Occasional _____; Never _____
26. I would describe the relationship between my child and myself as (*Check appropriate spaces*)
- | | Mother | Father |
|---------------------------|--------|--------|
| a. Very Close | _____ | _____ |
| b. Close | _____ | _____ |
| c. Tolerant | _____ | _____ |
| d. Strained and Cold | _____ | _____ |
| e. Other (Please specify) | _____ | _____ |
27. How have you tried to cope with your child's difficulty: (*Check all appropriate comments.*)
- _____ Talking to the child.
 - _____ Talking to the neighbors.
 - _____ Talking to professional persons (*Who?* _____)
 - _____ Ignoring it.
 - _____ Other (*Specify*) _____
28. In handling the difficulty with our child we have:
- _____ Been unable to reach our child.
 - _____ Felt we have grown further apart.
 - _____ Felt it was a waste of time.
 - _____ Felt it brought us closer to our child.
 - _____ Other (*Please specify*) _____
29. At this time, are you and your spouse having marital difficulties? _____ (*If "YES", please explain.*)

30. Has your child ever been psychologically tested? _____ (*If "YES", When? _____, Where? _____*)
31. What goals do you have in mind in coming to this office?

32. In filling out this questionnaire together, were there any answers to questions on which you and your spouse could not agree? _____ (*If "YES", please explain.*) _____

33. Please add any other factors which, to you, seem to be of special meaning in your child's life.

34. Does your child have a history of Alcohol or Drug use? If yes, please explain. _____
35. Does your child have a history of Physical or Sexual abuse? If Yes, please explain _____

36. Please, share any additional comments. _____

Parent Signature

Parent Signature

(If only one parent completed the form, please indicate.)

Fees:

60 min. session - \$160.00 (SSCALE _____ PER EC _____ Date ____/____/____)
90 min. hypnosis session -\$160.00 (All hypnosis sessions are 90 min. in duration)

The sessions will usually consist of 60 minutes and will be once per week. It is important for you, the client, to recognize that when you make an appointment, we are reserving that time for you. If you are late, that cuts down on your therapy time. If you miss an appointment, it is time that could have been scheduled for another client. Therefore, it is necessary for us to charge for appointments where we have not been GIVEN **TWENTY-FOUR HOUR CANCELLATION NOTICE**. If you do need to cancel, we appreciate AS MUCH NOTICE AS POSSIBLE, so that someone else who may be waiting for a cancellation can arrange to come in. You may call at any time to notify us of a cancellation by leaving a message on our voice mail as it will leave the time and date of your call. Should finances become a reason for discontinuing your therapy please let your therapist know. In the event that this office must seek outside help to collect on an account the client will pay for these services.

(Your Signature and Date)

PLEASE COMPLETE THE FOLLOWING IF INSURANCE IS TO BE FILED.

Insured's Name _____
Last M.I. First

Insured's Address _____
Street City ST ZIP Code

Insured's Telephone _____
Home Work CELL

Insured's Date of Birth ____/____/____ Insured's S.S.N. ____/____/____

Patient's relationship to the insured _____

Insured's Employer _____

Insured's I.D. # _____ Group # _____

Insurance Company _____
(Please provide a copy of your insurance card at the time of your appointment)

If your insurance pays for a Masters level therapist, we still require payment at the time of service. We can submit the forms for you or supply you with an itemized statement and diagnosis, which you can submit for reimbursement. It is your responsibility to submit your own insurance claim forms. **REGARDING INSURANCE, PLEASE REMEMBER THAT THE INSURANCE IS YOURS, NOT OURS, AND THE PAYMENT OF FEES REMAINS YOUR RESPONSIBILITY.**

If your child has been referred by DCS or JC, please complete the following:

Caseworker _____ Phone # _____ FAX _____

Social worker _____ Phone # _____ FAX _____

Additional Contact _____