



Mindful River Counseling LLC

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Child/Teen Initial Consultation

Client's Identification

Name _____ Today's Date: _____

School _____ Grade: _____

Main purpose of the consultation (Please give a brief summary of the main problem: _____

_____ Prior attempts to correct problem/prior history (including other professionals, medications, types of treatment, etc):

Medical History

Current medical problems/medications: _____

Past medical problems/medications: _____

_____ Other doctors/clinics
seen regularly: _____

Allergies/drug intolerances (describe): _____

_____ Present Height

_____ Present Weight _____

Family History

Family Structure (who lives in the current household with the child/teen, please give relationship to child): _____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses etc) _____

Natural Mother's History: Name _____ age ____
work: _____ highest grade completed: _____
Learning/Behavioral problems (specify) _____
Marriages _____
Medical Issues: _____
Childhood atmosphere (family position, abuse, illnesses etc) _____

Has mother ever sought psychiatric treatment? Yes ___ No ___ If yes, for what purpose _____

Mother's alcohol/ drug history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations (specify)? _____

Natural Father's History: Name _____ age ____
work: _____ highest grade completed: _____
Learning/Behavioral problems (specify) _____
Marriages _____
Medical Issues: _____
Childhood atmosphere (family position, abuse, illnesses etc) _____

Has father ever sought psychiatric treatment? Yes ___ No ___ If yes, for what purpose _____

Father's alcohol/ drug history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations (specify)? _____

Client's siblings (names, ages, issues if any, strengths, relationship with client): _____

Stepmother Name _____ (If Applicable) age ____ work: _____
_____ highest grade completed: _____
Learning/Behavioral problems (specify) _____

Marriages _____
Medical Issues: _____
Childhood atmosphere (family position, abuse, illnesses etc) _____

Has Stepmother ever sought psychiatric treatment? Yes ___ No ___ If yes, for what purpose _____

Stepmother alcohol/ drug history _____

Have any of Stepmother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations (specify)? _____

Stepfather Name _____ age _____ work: _____
highest grade completed: _____

Learning/Behavioral problems (specify) _____

Marriages _____

Medical Issues: _____

Childhood atmosphere (family position, abuse, illnesses etc) _____

Has Stepfather ever sought psychiatric treatment? Yes ___ No ___ If yes, for what purpose _____

Stepfather alcohol/ drug history _____

Have any of Stepfather's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations (specify)? _____

Child's Developmental History:

Parent's attitude toward pregnancy _____

Conception: planned ___yes___ or ___no___ (circle one) unplanned: yes ___ or ___no___

Pregnancy complications (bleeding, excess vomiting, medications, infections, x-rays, smoking, alcohol, drug use, etc (specify) _____

How was the delivery process: _____

_____ Mother's health after delivery

Post delivery blues? _____ If yes, how long? _____

Primary caretaker for child, first year _____

Current primary caretaker: _____

How would you describe the child/teen's early temperament: _____

How would you describe the child/teen's current temperament: _____

School History: current grade: _____ Number of schools attended: _____

Average grades: _____ Homework issues _____

Social Interaction Issues: _____

Current School Situation: (online, in-person, hybrid, homeschool) _____

Overall strengths - - as viewed by the parents: _____

Signed _____ Relationship _____
