

ONE STEP AT A TIME
257 Johnstown Center Drive, Suite 208
Johnstown, CO 80534
970.587.4963

- Please fill out this CONFIDENTIAL form as completely as possible. Obtaining an accurate, thorough history helps me provide optimal services to you and your child.
 - Feel free to ask if anything is not clear to you.
 - If some of the questions do not apply to your situation, please write "NA" in the blank.
 - Feel free to write on the back sides of the paper if you need more room.
- Thank You!

A. IDENTIFICATIONS

Person(s) completing this form: _____ Today's Date _____

1. Child's name: _____ Birthdate: _____ Age: _____
Address: _____ Telephone: _____
Name of School: _____

2. Mother's name: _____ Birthdate: _____ Age: _____
Address: _____
Home phone: _____ Cell phone: _____ Work : _____
Currently employed: No Yes,
As: _____
 Biological mother Adoptive mother

3. Father's name: _____ Birthdate: _____ Age: _____
Address: _____
Home phone: _____ Cell phone: _____ Work: _____
Currently employed: No Yes,
as: _____
 Biological father Adoptive father

Major presenting concerns and surrounding events/situations/traumas:

DEVELOPMENT HISTORY

Complications during pregnancy/childbirth YES___ NO___

If YES, please explain _____

Normal development (walking, talking, going to bathroom, etc.): YES___ NO___

If NO, please explain _____

Any developmental delays _____

MEDICAL HISTORY

Currently taking any medications YES___ NO___

If YES, please list_____

Date of last medical exam and any findings_____

Hospitalizations/Major Surgeries and Dates_____

Other major medical concerns/issues/considerations:

SCHOOL HISTORY

Any problems with teachers/authority figures YES___ NO___

Any problems with other children YES___ NO___

Any suspensions YES___ NO___

Learning Difficulties YES___ NO___

If YES to any above question, please explain:_____

Are the school/your child's teacher aware of any current problems the child is having or your concerns?
YES___ NO___

If YES, would you be willing to sign a consent for the therapist to speak with the school counselor or your child's teacher?
YES___ NO___

SOCIAL HISTORY

Does your child play independently YES___ NO___

Does your child play cooperatively with others YES___ NO___

Does your child have a special friend/group of friends YES___ NO___

Does your child isolate him/herself when in groups YES___ NO___

List your child's favorite activities_____

EMOTIONAL/BEHAVIORAL HISTORY

Current emotions your child has difficulty expressing _____

Current emotions your child expresses inappropriately _____

Acting out behaviors _____

Concerning behaviors _____

PREVIOUS COUNSELING SERVICES

3 GOALS FOR YOUR CHILD IN COUNSELING

1) _____

2) _____

3) _____

3 GOALS FOR YOURSELF/SPOUSE DURING COUNSELING

1) _____

2) _____

3) _____

SPIRITUAL HISTORY

SUPPORT FOR YOU/YOUR CHILD/YOUR FAMILY DURING THIS TIME

Client/Guardian Signature

Date

Client/Guardian Signature

Date

Counselor Signature

Date

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Consent to Treatment for Minor Child

Print legal name of minor child here: _____

I, _____, as parent or legal guardian of my/our minor child, give consent for this child to receive psychological treatment or assessment by a therapist at One Step At A Time. By signing this, I attest that I do have legal custody of this child and am able to consent to their treatment.

I understand that only the therapist will know the information learned during the course of therapy (please read Client Rights Form for exceptions). Therapy sessions with my/our child and collateral sessions with me may be videotaped. Furthermore, I understand that One Step At A Time is under no obligation to release any information related to my child's therapy to other persons or agencies without the proper consent.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Counselor

Date