

**Miriam Lieberman, MA, LPCS**  
**Integral Counseling Services, PLLC**  
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**School Age Child Initial Meeting Information**

*Please fill out this questionnaire in as much detail as you feel comfortable. There may be things you do not know or cannot remember. That is fine. If you need to use the back or additional paper in answering a question, go right ahead. This is NOT a test. It is one way to get to know you. Only answer what you are ready to answer. Thanks!*

**Parent please complete this section:**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

School: \_\_\_\_\_

Client SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Physician: \_\_\_\_\_ Psychiatrist: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Referred by: \_\_\_\_\_

Notify in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_ yes \_\_\_\_\_ no Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Diagnostic Code: \_\_\_\_\_

Insured's Name : \_\_\_\_\_ and DOB: \_\_\_\_\_

Insured SS#: \_\_\_\_\_

**Background History**

Have you ever talked or played with a counselor before? \_\_\_\_\_yes \_\_\_\_\_no

If yes, where? \_\_\_\_\_School Guidance Counselor

\_\_\_\_\_Mental Health Clinic

\_\_\_\_\_Private Therapist

\_\_\_\_\_In-Patient Hospitalization

\_\_\_\_\_Other (please specify) \_\_\_\_\_

Are Your Parents? \_\_\_\_\_Married \_\_\_\_\_Separated \_\_\_\_\_Divorced

\_\_\_\_\_Father Deceased \_\_\_\_\_Mother Deceased \_\_\_\_\_Father Remarried \_\_\_\_\_Mother Remarried

Father's Job \_\_\_\_\_ Mother's Job \_\_\_\_\_

Were you adopted? \_\_\_\_\_ Did you experience foster care? \_\_\_\_\_

Do you have step-parents? \_\_\_\_\_ Name them \_\_\_\_\_

Mention anything significant about your relationship with your parents or caregivers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education of Father:

\_\_\_\_\_Did not finish high school

\_\_\_\_\_High school graduate

\_\_\_\_\_College degree

\_\_\_\_\_Graduate degree

Education of Mother:

\_\_\_\_\_Did not finish high school

\_\_\_\_\_High school graduate

\_\_\_\_\_College degree

\_\_\_\_\_Graduate degree

Number of Brothers: \_\_\_\_\_

Older: \_\_\_\_\_

Younger: \_\_\_\_\_

Half: \_\_\_\_\_

Number of Sisters: \_\_\_\_\_

Older: \_\_\_\_\_

Younger: \_\_\_\_\_

Half: \_\_\_\_\_

Where are you in the birth order? \_\_\_\_\_

Mention anything that stands out about your relationship with your siblings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone else that plays a big role in your family life (grandparents, aunts, uncles, family friends...)? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What form(s) of discipline are used in your family? \_\_\_\_\_

\_\_\_\_\_

Who disciplines you ? \_\_\_\_\_

How is your home life? \_\_\_\_\_

What do you like most about your family? \_\_\_\_\_

What do you dislike most about your family? \_\_\_\_\_

Is there anything else you feel is important that has not been covered so far? \_\_\_\_\_

Have you ever been to court? \_\_\_\_\_yes \_\_\_\_\_no

If yes, for what reason? \_\_\_\_\_

What Happened? \_\_\_\_\_

Has anyone ever touched you in a way that made you feel uncomfortable or hurt you?

\_\_\_\_\_family member \_\_\_\_\_date or acquaintance  
\_\_\_\_\_friend \_\_\_\_\_stranger  
\_\_\_\_\_other (please specify)

Has anyone ever spoken to you in a way that made you feel uncomfortable or hurt you?

\_\_\_\_\_family member \_\_\_\_\_date or acquaintance  
\_\_\_\_\_friend \_\_\_\_\_stranger  
\_\_\_\_\_other (please specify)

Do you ever refuse food, overeat, or hide food? \_\_\_\_\_yes \_\_\_\_\_no

Please describe your feelings about food. \_\_\_\_\_

Do you have any feelings you wish you could change? Please describe:

Do you have any behaviors you wish you could change? Please describe:

Please name any big changes in your life within the last six months to a year:

Who can you count on for support? \_\_\_\_\_

What are your goals for counseling? \_\_\_\_\_

## Emotional and Social Inventory

Circle the number that best fits your experience:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
None	A little	Some	Much	Very much

### Social Life and Relationship Skills

Too little social life	1	2	3	4	5
Too much social life	1	2	3	4	5
Difficulty saying “no” to others	1	2	3	4	5
Difficulty meeting people	1	2	3	4	5
Have hard time with close relationships	1	2	3	4	5
Concerned about being racially harassed	1	2	3	4	5
Concerned about my sexual behavior	1	2	3	4	5
Difficulty communicating	1	2	3	4	5
Inability to make or keep friends	1	2	3	4	5
Hurting people’s feelings	1	2	3	4	5
Feel like I don’t fit in anywhere	1	2	3	4	5
Want to end a close relationship	1	2	3	4	5
Concerned about being sexually harassed	1	2	3	4	5
Afraid of losing someone I love	1	2	3	4	5
Concerned about someone else’s sexual behavior	1	2	3	4	5
Conflicts with others	1	2	3	4	5
Worry about what others think of me	1	2	3	4	5
Too concerned about personal appearance	1	2	3	4	5
Unable to control my anger	1	2	3	4	5

### Physical Health Issues

Feeling stressed	1	2	3	4	5
Nightmares/Restless sleep	1	2	3	4	5
Appetite Loss	1	2	3	4	5
Headaches	1	2	3	4	5
Chronic or frequent illness	1	2	3	4	5
Weight concerns	1	2	3	4	5
Alcohol/Drug abuse	1	2	3	4	5
Lack of exercise	1	2	3	4	5
Too much energy	1	2	3	4	5
Under-eating	1	2	3	4	5
Overeating	1	2	3	4	5
Binging and purging	1	2	3	4	5

### Emotional Health

Feeling sad often and for long periods	1	2	3	4	5
Feeling irritable	1	2	3	4	5
Angry outburst or prolonged anger	1	2	3	4	5
Feeling anxious or nervous	1	2	3	4	5
Extreme mood swings	1	2	3	4	5

Crying easily and often	1	2	3	4	5
Feeling depressed for long periods	1	2	3	4	5
Hard time trusting people	1	2	3	4	5
Suicidal thoughts	1	2	3	4	5
Have attempted suicide	1	2	3	4	5

**Family Issues**

Being criticized by my parents	1	2	3	4	5
Parent expectations of me too high	1	2	3	4	5
Parent's divorce/separation problematic	1	2	3	4	5
Concerned about behavior of relatives, friends, or acquaintances	1	2	3	4	5
Sexual touch by family member(s)	1	2	3	4	5
My parents try to control me	1	2	3	4	5
Illness in my family	1	2	3	4	5
Bothered by events of the past	1	2	3	4	5
Concern about current family issues	1	2	3	4	5

***Thank you for answering these questions. This will help me to know how to help you. Feel free to address any or all of these issues with me as you feel comfortable. You can ask me anything or talk to me about anything!***

***Sincerely,***

***Miriam Lieberman, MA***  
Revised 1-2016