

Graceview Counseling Center
25510 Tomball Parkway
Tomball, Texas 77375
713-306-7061
www.graceviewcc.com
graceviewcounselingcenter@gmail.com

Your response to this form will serve as a brief and helpful introduction. All submitted information is confidential. If an item does not relate to you, write "NA" meaning not applicable. ***In the case of divorce, the counselor will need the divorce decree detailing who has legal custody of the child and can consent to the child's treatment, prior to treatment beginning.***

Date _____

Client Information (Child)

Name _____ Date of Birth _____ Age _____
Address _____ City/State _____
_____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email: _____

Please check the spaces to indicate which forms of communication may be used to contact you:
 Email Voicemail Text

Has the child received counseling previously? Yes No If yes, who did they see?

Who is responsible for payment?

How did you hear about the counseling ministry?

Please describe the reason for the child's visit today

Social Information

Parent/Guardian (including step-parents)

Marital Status Never married Married Separated Divorced Other _____

Previous Marriages

Mother _____ time(s) Date(s) _____

Father _____ time(s) Date(s) _____

Name, Age and Sex of Children (Mother)

Name, Age and Sex of Children (Father)

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The child presently lives with _____ How would you describe his/her current living situation?

If the child's parents are separated or divorced describe the visitation arrangements

Who can give permission to seek treatment for the child?

If parent has a different address/phone than the child, please provide that information here:

Address _____ City/State _____

_____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email: _____

Highest Education Completed Mother _____ Father _____

Mother's Employer _____ Position _____ Length _____

Father's Employer _____ Position _____ Length _____

Where does the child attend school? _____ Current Grade _____

Has the child had any academic or behavioral problems in school? Yes No

If yes, check all that apply:

- Poor attention span
- Fidgeting
- Not completing/turning in assignments
- Declining/failing grades
- Arguing
- Refusing to follow directions
- Fighting/hitting
- Visits to detention/principal
- Learning disabilities
- Other _____

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Are behavioral problems in situations other than school? Yes No

If yes, check all that apply:

- Arguing
- Impulsivity
- Refusing to follow directions
- Frequent conflicts with siblings
- Fighting/hitting
- Refusing to do chores
- Isolating in his/her room
- Decreased/increased eating
- Decreased/increased sleep
- Bed wetting
- Fire setting
- Harmful to animals
- Other _____
-

Please look back over the concerns you have checked off and choose the one that you most want your child to be helped with. Which is it? _____

Medical Information

Does the child have any medical problems? Yes No If yes, please describe

Treating Physician _____ Specialty _____ Date of Last Physical _____

List any medication, dosage & reason (including vitamins, herbs, or over the counter medication)

Were there any problems with the pregnancy or delivery? Yes ___No If yes, please describe

Were there any delays in the child's development? Yes No If yes, please describe

Has the child received counseling previously? Yes No If yes, please give when, where & reason

Is any family member currently under the care of a mental health professional (i.e. psychiatrist, psychologist, counselor, etc) for individual counseling marital counseling group counseling
Does the child or their family have any history of depression or other similar problems? Yes No

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If yes, explain

Do you or your family have any history of drug or alcohol problems? Yes No

If yes, explain

Is there a history of sexual or physical abuse towards the child? Yes No

If yes, explain

If yes, has this information been reported to the proper authorities? Yes No

If yes, please provide the CPS case worker name and phone number:

Child protective services worker: _____

Child protective services phone: _____

Case number: _____ Is the case still active: Yes or No

Church Information

Church Membership

Self GBC Member Visiting GBC Other Church Since _____

Spouse GBC Member Visiting GBC Other Church Since _____

Church Attendance/Involvement

How would you describe your child's relationship with God? _____
