STEPPING STONES COUNSELING SERVICES
Parent/Caregiver Form

Please fill out this form and bring with you for your child's appointment. It will save valuable time by filling this out prior to the appointment. This information will help create a treatment plan tailored to meet your child's needs. If you have any questions, please leave blank and discuss it with the therapist at your appointment.

Child's Name ____________________________ Nickname ______________________________
Date of Birth ________________________ Age__________ Grade ____________________________

Parent/Caregiver Information

	Mother/Caregiver	Father/Caregiver
Name:	____	__________________________________
Home Address:	_________________________________	__________________________________
Phone:	____	__________________________________

Other adults in the home: No Yes (Please list)
Name/ Age ____
____
____

Other children residing in the home: No Yes (Please list)
Name/Age ____
____
____

Any siblings NOT residing in the home: No Yes (Please list)
____
____

Has your child or family ever received any type of counseling or psychiatric services before? If so, by whom and when? ____
Name of Pediatrician/Medical Doctor ____
List any medications ____
Any known allergies or physical conditions ____

Briefly describe your reason for seeking help at this time.

____
____
____

Please circle any of the following issues which you feel may be troubling your child:

family difficulties	destructive	lonely
getting in trouble at school	aggressive	overly shy
poor grades	being teased	messy/disorganized
trouble paying attention	bullying others	bed wetting/soiling
can’t focus	problem making/keeping friends	sibling rivalry
anxious/worries too much	poor motivation	impulsive
trouble following directions	difficult to control	quick temper
running away from home	fire setting	drug or alcohol use
feeling sad	stealing	lying
worry about being overweight	low self-esteem	nightmares
hurting self	trouble going to sleep	sexuality issues

Please add any not listed____
____

_________________________________   _____________________
Parent/Caregiver's Signature   Date