## Affinity Counseling Center, LLC

## Client Information (Under 18)

Name of Child:		DC	)B:/_	Age:
Address:				
City, State, Zip Code				
School:				
Please indicate which of the number regarding your appointments:		vide below is the be	st for us to call to	leave messages
Home:\	Nork:		Cell:	
Email address:		Ok to email you		
Family Information (indicate who	child live	s with):		
Mother's Name:		_ Mother's Cell phor	ne:	
Father's Name:		_ Father's Cell phone	e:	
Stepmother's name:		Stepfather's n	ame:	
Parent email address:			Ok to en	nail you
Siblings to child: Name:	Age:	Name:		Age:
Name:	Age:	Name:		Age:
Name:	Age:	Name:	<del></del>	Age:
Insurance Information (if applica	•			
Insurance Policy Number/Group No				
Responsible Party:		Employer	:	
Who referred you to this office				
Physician:				
Current medications/herbs/vitamins				

Any serious medical conditions:						
Previous Psychiatric Treatment (pract	titioner, year, type of treatment, and medication):					
Current Stresses:						
Reason for seeing therapist (major pro	oblem):					
Please indicate if any of these sym	ptoms have been present in the past 3 months					
Depressed mood	Sleep disturbance					
Loss of interest	Panic attacks					
Loss of pleasure	Excessive muscle tension					
Excessive fatigue	Excessive nervousness					
Loss of appetite	Difficulty breathing/smothering					
Thoughts of self harm	Feeling very slowed down					
Thoughts of harming others	Acting out behaviors					
Trouble concentrating	Doing poorly in school					
Weight gain	Defiance/rebellion					
Weight loss	Change in behavior					
Agitation	Poor relationship skills					
Feelings of unreality	Fear of losing control					
Inappropriate elation	Hallucinations (seeing or hearing things)					
Inappropriate irritability	Suspiciousness of several people					
Grandiose notions	Overly rapid/Skipping heartbeat					
Increased pressured speech	Difficulty remembering/Mind going blank					
Disconnected, racing thoughts	Unwanted recurrent persistent thoughts					
Markedly increased energy	Repetitive behavior or mental acts that					
Distractibility	you feel driven to perform					
Impulse control problem	Behaviors or thoughts aimed at warding					
Low self-esteem	off some dreaded event					
Nervous habits	Confusion					
Social withdrawal	Wide mood swings					