

COUNSELING CENTER

HOUSTON'S FIRST BAPTIST CHURCH

We are honored by your decision to seek assistance from our Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling we provide, both pastoral and professional, is guided by principles that are scripturally based and psychologically sound. 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.*

Date _____ Counselor _____

Patient Information (Child)

Name _____ Date of Birth _____ Age _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____

Other Contact Numbers(cell, pager, etc.) _____ SS# _____ - _____ - _____

Has the child received counseling here 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) _____

(Father) _____

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? _____

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 _____

Are behavioral problems present 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

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 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, describe _____

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

Church Information

Church Membership

Self ☐ HFBC Member ☐ Visiting HFBC ☐ Other Church Since _____

Spouse ☐ HFBC Member ☐ Visiting HFBC ☐ Other Church Since _____

Church Attendance/Involvement

Self ☐ Frequent ☐ Seldom ☐ None Spouse ☐ Frequent ☐ Seldom ☐ None

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