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Child Profile

Name: _____ Birthdate: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Email Address: _____

I would like to receive the Parenting Newsletter

Parent or Gaurdian

1. _____ 2. _____
Other Address: _____ Other Phone: _____
Other children in home: 1. _____ Age: _____
2. _____ Age: _____ 3. _____ Age: _____
Other adults in home: _____
Person to notify in an emergency: _____ Phone: _____
Name of pediatrician: _____ Phone: _____
Who referred you to my counseling practice? _____

School Information:

Name of school: _____ Grade: _____

**The following information is requested so that I can best assist you and your child.
Please Answer all questions to the best of your ability.**

Can you briefly describe why you have brought your child to counseling?

How long have you noticed this problem? _____

Developmental History:

What has been the general health of your child? _____

How old was your child when he/she:

Crawled _____ Walked _____ Talked _____ Toilet Trained _____

Did your child have "night terrors"? _____

Does your child have nightmares now? _____ How often? _____

Does your child have any other sleeping problems? Please describe:

Does your child have any eating problems? _____

Has your child had any significant illness or accidents? If yes, please describe:

Has any member of the family had any significant accidents or illnesses? Please describe:

Has your family experienced any deaths in the last five years? _____ Please state whom:

Would you describe your child as (check all that apply)

withdrawn _____ hyperactive _____ disruptive _____ anxious _____
frightened _____ depressed _____ lonely _____ sad _____ stubborn _____
inattentive _____ friendly _____ playful _____ defiant _____ happy _____

Are you concerned your child has a problem with:

making friends _____ getting along in school _____ getting along with siblings _____
stealing _____ lying _____ drugs _____ alcohol _____ sexual problems _____

Does your child ever do anything that strikes you as bizarre or very inappropriate? Please describe:

Did your child attend preschool? _____ How long? _____ Did you have any concerns about your child at that time? Please describe:

How old was your child when he/she began school? _____

Are there any particular areas of your child's education that you are concerned about?

Please describe:

Has your child been tested for a learning disability? _____ If so, what was the outcome? _____

Has your child ever been suspended or expelled from school? _____ Please describe the circumstances:

Has your child previously been in psychotherapy or counseling? _____ When? _____

With whom? _____

Can you briefly describe what the problem was at that time?

If there is anything else you would like me to know in this preliminary questionnaire, please explain on the back of this page.