

**Rae Sidlauskas, MS, LMFT Intern**

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*Welcome! Please complete this form to the best of your knowledge and bring it to our first session; you can involve your child as much as you feel is appropriate. If there are any questions you are uncomfortable or uncertain about answering, feel free to leave them blank.*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type: \_\_\_\_\_

OK to leave message at this number?  Yes, any message  Yes, call back # only  No message

Alternate phone # (optional): \_\_\_\_\_ Type: \_\_\_\_\_

OK to leave message at this number?  Yes, any message  Yes, call back # only  No message

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give my permission for Rae Sidlauskas to contact the above named person in the event of an emergency (please initial) \_\_\_\_\_

Please describe child's current living arrangements (e.g. custody arrangements, foster care, etc.):

\_\_\_\_\_  
\_\_\_\_\_

When was child's last physician appointment? \_\_\_\_\_

Please list any medications (prescription or OTC) child is currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your child's current school and grade level? \_\_\_\_\_

Please summarize any concerns about your child's school performance: \_\_\_\_\_

What is your family's primary source of income? \_\_\_\_\_

What is family's annual household income? \_\_\_\_\_

What is child's ethnicity? \_\_\_\_\_

Please list names/ages of others living in the home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's social life? (e.g. many/few friends, play habits, extra-curricular activities, etc.)

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Please identify any spiritual practices that are part of your family's life:

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What is motivating you/your child to seek therapy at this time, and how long has this been influencing your child's life?

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Who else is involved in and/or aware of these factors in your child's life?

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What has the family tried to do to resolve these matters? In what way(s) was this helpful?

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What changes do you/your child hope for as a result of therapy, and what are your thoughts about how I might be of help?

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What might interfere with your child achieving the goals of therapy?

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What personal strengths and supports will help your child and family achieve the goals of therapy?

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If your child has received any mental health treatment in the past, please identify approximate dates, concern(s) addressed, and the clinician worked with:

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What about past treatment was helpful / unhelpful? \_\_\_\_\_

Does your child and/or family currently have, or have they ever had, any legal issues (e.g. DHS involvement, restraining order, imprisonment, parole/probation)? If so, please summarize.

Has your child or anyone close to child had any recent changes, such as job loss, recent moves, etc.?  Yes  No

Have there been any recent deaths or losses in your family or among your child's friends?  Yes  No

Is your child or anyone close to your child dealing with any medical concerns? If so, please describe briefly:  Yes  No

Has your child ever suffered a head injury?  Yes  No

Do you have any concerns about your child's use of drugs or alcohol? If so, please specify.  Yes  No

Do you have any concerns regarding your child's diet and exercise patterns?  Yes  No

Does your child currently experience, or has your child ever experienced, visual or auditory hallucinations or paranoia for any length of time?  Yes  No

Does your child utilize, or has your child ever utilized, self-harming behaviors (e.g. cutting self, banging head, burning self) for any reason?  Yes  No

Has your child ever felt suicidal or attempted suicide?  Yes  No

Has your child experienced any trauma, abuse, or neglect (e.g. major accident/natural disaster, physical or sexual abuse, emotionally mistreated, witness to abuse or violence)? If so please specify.  Yes  No

Has your child ever seriously harmed anyone physically, or expressed intent to seriously harm someone?  Yes  No

What have I not asked about that you would like me to know? \_\_\_\_\_

I certify that I am the legal guardian of the minor child named above and that I am seeking therapy for the child.

Parent/Guardian Name

Parent/Guardian Signature

Date

Client Name if over 14

Client Signature if over 14

Date