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**LF0002667**

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***Please complete one page for each child/adolescent.***  
***Please have teens (13-18) complete the form themselves if applicable.***

Child/Teen Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Home) – may I send mail here? YES NO Phone #s – may I leave a message at this #? YES

Street: \_\_\_\_\_ Home: \_\_\_\_\_ YES NO

City/St.: \_\_\_\_\_ Cell: \_\_\_\_\_ YES NO

Zip: \_\_\_\_\_ Other: \_\_\_\_\_ YES NO

Email: \_\_\_\_\_ May I email you? YES NO

Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher/Counselor Name: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

May I contact the physician if necessary? YES NO

Please provide parent/guardian signature indicating consent: \_\_\_\_\_

Please provide teen signature indicating consent: \_\_\_\_\_

Please list any medical/health issues currently being treated or that have been treated in the past:

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Please list any medications (prescription and non-prescription) that are being taken:

Type	Dose	Reason
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Previous counseling/therapy?      YES      NO

Dates      Therapist's Name

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Please indicate current use and frequency of the following substances:

	<b>More than once a day</b>	<b>Once a day</b>	<b>Once every 2-3 days</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly or less</b>	<b>Never</b>
<b>Alcohol</b>							
<b>Non-prescription Drugs</b>							
<b>Nicotine</b>							
<b>Caffeine</b>							
<b>Prescription Drugs</b>							

Please explain who lives in the household and their relationships:

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Please share the reasons for seeking therapy at this time:

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Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are biological parents divorced or separated?      YES      NO

If yes, please list the contact information of the other parent:

Name \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

\_\_\_\_\_ Home #: \_\_\_\_\_

Do parents share joint custody?      YES      NO

Please explain the current living arrangements/visitation schedule if sharing time in two homes:

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**Thank You!**