



Sally McIntosh Stoehr, MA, LMFT
Licensed Marriage & Family Therapist

“Helping Children, Families & Individuals to more positive fulfilling lives.”

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FOR YOUR CHILD

Please complete this form and bring it with you to your first appointment.

Child's name:

D.O.B:
SSN:

Age:

Parent/guardian's name:

Address:

Home number:

Work/message number:

Where is the best phone number to reach you? (please give best times)

Whom should we contact in an emergency? (please give name, relationship to the child and telephone number).

Insurance Information: (please bring insurance card with you)

Primary: (name and SSN# and Date of Birth VERY IMPORTANT)

The Problem:

What brings your child to counseling at this time?

In what areas of your child's life are these problems affecting? (School, home, friends, etc.)

For how Long?

Please tell me a little bit about your child's developmental history:

- Pregnancy – what was mom's pregnancy like?
- Delivery – how was your child delivered? At what gestational age? Any complications at birth?
- Infancy – what kind of baby was your child? Were there any significant events in your child's infancy?
- Milestones – how old was your child when he/she walked? Talked? Toilet training?
- significant illnesses – did your child have any significant illnesses or hospitalizations?
- Separations: Was your child separated from his/her parents for any significant amount of time?
- School - What school does your child attend and what grade?

Health Problems

- Does your child have any health problems?
- Doctor's Name & Telephone Number:
- Current Medications:

Social Skills:

- What are your child's relationships like with friends:
- Areas of Difficulty:

Family History:

- Does anyone in your family have difficulties with mental health? (go back as many generations as you know)
- Does anyone in your family have health problems
- Are you concerned about drug or alcohol use by anyone in your family?

Family Resources:

- Do you have contact with your extended family members?
- Whom does your family turn to for support?
- Does your family attend church or other community activities?

Cultural Issues:

- What is your family's cultural and ethnic heritage?
- Does your family celebrate cultural holidays or traditions?

Risk Assessment:

- Has your child ever made statements about wanting to kill or harm themselves? (give specifics)
- Has your child ever made threats or actions to harm others?

Previous Attempts to solve the problem:

- Has your child had previous therapy? If so, when and with whom?

Was it helpful/not helpful?

- What things has your family done to try to solve the problem?

Family Constellation:

- Who lives in your household? (names, ages, relationship to child)

Anything else you'd like me to know about your situation?