

Samaritan Counseling Center
1803 Oregon Pike, Lancaster PA 17603 | 717-5609969
Child and Youth Additional Information Form

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|------------------------------|-----------------------|-----|-------|
| Client's Name | Date of Birth | Age | Grade |
| Personal Completing the Form | Relationship to Child | | |

Is this child/youth your biological, adopted, step, foster, other?

Who is the child/youth's legal guardian/s? If there are more than one guardian/parent, are the child/youth's legal guardians or parents married? If divorced or separated, is there a legal custody agreement/order? *If there is a legal custody agreement/order this must be provided before the first counseling session.*

Describe the child/youth's overall development including the approximate age when they began walking, talking, and toilet training, as well as the general speed at which they have developed, i.e. - slow, normal, rapid. Please include any developmental history that you would consider pertinent to their current presenting issues.

Please provide the child/youth's pediatrician name and place of practice. Have you discussed your concerns with them and/or have they been notified of the child/youth's appointment here?

Has the child/youth ever experienced any traumatic events such as being physically or sexually abused, witnessing physical or sexual abuse or another person, emotional or physical neglect, loss of a parent or guardian, etc.? If so please describe.

Has this child/youth ever previously seen to a mental health professional? If so please provide the age they were at the time of service and the purpose of treatment.