

MINDBODY THERAPY & HEALING, INC.

Suzanne Nixon, EdD, LPC, LMFT

CHILD/ADOLESCENT QUESTIONNAIRE

Name _____ Date _____

Birth Date _____ Age _____ Grade _____

School attending _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Best number to contact you at _____ May I leave a voice mail? _____

Email _____

Living Situation

_____ Both parents _____ One parent _____ Parent and Parent's Friend

_____ Siblings, If so how many and ages? _____

Do you have siblings that do not live with you? _____

Do you have step brothers/sisters? _____

Do you get along with your siblings/step siblings?

If your parents are divorced, who has legal custody? _____

Who is financially responsible for payment? _____

Parents' Names Mother _____ Father _____

Mom's phone _____ Work _____ Cell _____ Home

Dad's phone _____ Work _____ Cell _____ Home

Who you referred you? _____ May I thank them? _____

What brought you to therapy?

What do you hope to improve?

What do you really want now in your life? Meaning, what would really make you happy?

What do you like about school? What do you dislike about school?

Do you have friends that you enjoy? _____

Do you socialize with a small or large group of friends?

What are your hobbies? Sport interests?

What else do you like to do for fun?

Do you have any health/medical issues? If yes, please explain.

Are you on any medications? If yes, please state.

Is there anything else you would like me to know?

For office use:

Initial DX: _____