**Family Life Resource Center**

**273 Newman Ave**

**Harrisonburg, VA 22801**

**Information about Your Child**

Please complete this form if you are seeking services concerning your dependent child under the age of 18.

Name and relationship of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birth date:\_\_\_\_\_\_\_\_\_ Height:\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_

Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Parent(1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_ Living In Home: Yes/No

Parent(2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_ Living In Home: Yes/No

Brothers and/or sisters (Include Age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others living in home and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child or any other family members received counseling or psychotherapy? If so, who received services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When and with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History About Your Child**

Any Difficulties with pregnancy, delivery or birth?

Age child talked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Walked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Toilet training Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns or difficulty with toilet training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant Illnesses, diseases, allergies, high fevers, head injuries or hospitilizations:

Physical, psychological, social or academic history:

Pediatrician and/or family doctor’s name, address and phone number:

***Do we have your permission to advise the physician that your child is receiving care?***

*(if information is needed from your physician we will ask for completion of a different release)*

***\_\_\_\_\_\_ No\_\_\_\_\_ Yes (Coordination of Care will be sent to your Child’s Physician)***

***You may grant consent by signing here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian Signature***

Significant Life events such as divorce of parents, deaths in family, moving and child’s reactions to events:

Current Teachers Name & School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Schools Attended and dates of attendance

Religious affiliation or Church attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR MAIN CONCERN ABOUT YOUR CHILD AT THIS TIME and how long have you had this concern?

Who referred you to our services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1 to 10, with 1 being the worst and 10 the best, how would you rate your child’s behavior in comparison to other children his/her age? 1 2 3 4 5 6 7 8 9 10 (Please Circle)

Below you will find a number of statements about your child and his/her problems. Circle “yes” for those that are true of your child at the PRESENT time. Circle “no” for those that do not pertain to your child.

1. My child explodes under stress. Yes No
2. My child cries easily. Yes No
3. My child is a worrier. Yes No
4. My child has many or unusual fears. Yes No
5. My child is often angry. Yes No
6. My child is moody or sensitive. Yes No
7. My child has sleep problems. Yes No
8. My child has trouble remembering things. Yes No
9. My child says people don’t like him/her. Yes No
10. We frequently have family problems. Yes No
11. One or more of my other children have problems too. Yes No
12. My child has trouble making friends. Yes No
13. My child does not get along with other people in household. Yes No Specify who in Household if circled yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. My child speaks of death or dying. Yes No
15. My child has been physically or sexually abused. Yes No
16. My child tells lies or often exaggerates. Yes No
17. My child has learning problems at school. Yes No
18. Teachers complain about my child. Yes No
19. My child is a discipline problem at home or school. Yes No If yes, specify which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
20. My child steals. Yes No
21. My child has bladder or bowel problems. Yes No
22. My child is currently taking medication. Yes No If yes, what type of medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. My child has a visual, hearing or speech problem? Yes No If yes. Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
24. My child often complains of illness. Yes No
25. My child eats to much or not enough. Yes No If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
26. List any concerns not listed above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. List some strengths of your child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. List your child’s hobbies or interest. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adolescent Informed Consent Form**

*Privacy of Information Shared in Counseling/Therapy:  
Your Rights and My Policies*

**What to expect:**

The purpose of meeting with a counselor or therapist is to get help with problems that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don’t want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

*As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information.* There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

**Confidentiality cannot be maintained when:**

* You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
* You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
* You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
* You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by law to report the abuse to the Virginia Department of Social Services.
* You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.
  + **Communicating with your parent(s) or guardian(s):**
* Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.
* Example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, I would not keep this information confidential from your parent/guardian. If you tell me, or if I believe based on things you’ve told me, that you are addicted to alcohol, I would not keep this information confidential.
* Example: If you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that, on several occasions, you have engaged in unprotected sex with people you do not know or in unsafe situations, I will not keep this information confidential. You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations,” in other words: “If someone told you that they were doing \_\_\_\_\_\_\_\_, would you tell their parents?”
* Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.
* **[You should also know that, by law in Virginia, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records.]**

**Communicating with other adults:**

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don’t have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Minor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Parents’ Consent To**

**Mental Health Treatment for a Minor Child**

As an organization, we strive to serve children and adolescents (youth) who are experiencing mental health difficulties or adjustment issues to various circumstances. We also believe it is important therapeutically to have the consent of BOTH parents to treat a child. For us to best serve your child, we ask that you complete this form and provide the necessary information **prior to your child’s first appointment.**

In Virginia, regardless of the arrangements about physical custody, legal custody is either “sole” or “joint”. Please place your initials next to the correct statement to identify whether you (the parent or legal guardian who is bringing the minor to counseling) have sole or joint legal custody.

\_\_\_\_\_\_\_I have sole legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Minor’s Name)

\_\_\_\_\_\_\_I have joint legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Minor’s Name)

***If you have sole legal custody, please do one of the following:***

\*Provide a letter from your attorney stating that there is nothing in the custody agreement that would prevent you from seeking counseling and/or treatment for your minor. OR

\*Provide a copy of the legal custody agreement verifying that you are the sole legal guardian who has the right to make decision’s for your minor’s mental health treatment.

***If you have joint legal custody, please do one of the following****:*

\*Both parents need to sign below and provide a copy of the legal custody agreement.

OR

\*Provide a copy of the legal custody agreement verifying that you have joint legal custody. AND

\*Provide the information for the child’s other parent so that the person’s written consent may be obtained by FLRC. (Provide below)

I share custody with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of minor’s mother, father or legal guardian). You may contact the other parent at : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone number) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address).

Signature: Date

**\*If there is no custody agreement established or both parents are signing on behalf of minor**, sign below indicating you are aware an support the mental health treatment that is being provided for the minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Minor).

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

Parent Signature Date

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

Parent Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For Office Use Only:

Additional parent’s signature cannot be obtained due to the following:

\_\_\_\_\_\_Parent inaccessible \_\_\_\_\_\_abuse or neglect suspected/reported

\_\_\_\_\_\_Unwilling to Participate \_\_\_\_\_\_Involvement detrimental to child

\_\_\_\_\_\_ Other: Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information for Parent or Guardian About Minor’s Counseling**

I am providing you with the information which I think will be helpful to you as you plan to bring your child for counseling with me.

**ABOUT THE TIME AND DURATION OF THERAPY SESSIONS:**

The first session is a clinical interview with the parent(s) and child during which I will gather relevant clinical information, including your view of the child’s problems, assets and strengths, and pertinent background information.

I usually will spend the next 4 to 5 sessions with your child in play therapy (when age appropriate). I will be with your child 40 to 45 minutes in each session and will meet with you 10 minutes before or after to address any questions or concerns that you may have. I will meet with you about the 6th session to discuss the child’s progress. At that point, we will decide whether or not further sessions are needed or if some other services are warranted.

**HOW DOES PLAY THERAPY HELP CHILDREN?**

I know that you are concerned about your child. Since you are bringing your child to therapy, I am certain you want to help your child with the difficult time he or she is having coping at school or home. In the process of growing up children can experience difficulty adjusting. Some children may need more help than others in some areas and less help in others. Children have a difficult time sitting in a counselor’s chair and talking about what bothers them. They do not have the vocabulary or knowledge of words to describe what they are feeling or thinking. Therefore, sometimes they act out to cope with what they are experiencing.

In play therapy, toys are provided because children can use the toys to say what they have difficulty putting into words. When children can communicate or play out how they feel or what they are experiencing with a trained counselor, they begin to feel a sense of relief. In play therapy, children can use dolls, puppets, art materials, sand, or other toys to express what they think or feel. Therefore, how children play or what they do in the play room is very important, just like what the parent says in the counselor’s room is important. In play therapy, children learn how to express their thoughts and feelings in constructive ways, to control their behavior, to make decisions, and to accept responsibility.

**WHAT SHOULD YOU ASK YOUR CHILD AFTER EACH SESSION?**

After the play therapy sessions, if you were to ask your child what he/she did, he/she would probably say , “I just played” in the same way you may say “I just talked” if someone ask you what you did while you were here. Children are sometimes unaware that something important has happened at the moment. Sometimes it is easier for children to explore feelings, especially their fears or anger, with someone who can be objective than it is with parents or teachers. Thus, your child may not be able to fully explain what he/she did, or what happened in the session.