Alternative Life Solutions Counseling PLLC
2458 East Eleventh Street
Odessa, TX 79761-4236
432-582-2444

Child Information Form

Please Print Neatly

Please complete the following information for each child for which you are seeking counseling.

Legal Guardian's Name: First_____ Middle_____ Last_____

Street Address _____City _____State _____Zip_____

Child's Name: First_____Middle_____Last_____Preferred_____

Date of Birth _____ Age_____ Social Security_____

School Attending_____ Grade Level_____ (K-12)

What are your child's grades in school? If applicable, please complete each subject's grade: (Lower grades in specific subjects indicate specific problems in mental processing.)

English_____ Math_____ Science_____ History_____

Government_____ Art_____ Electives_____ PE_____

In some cases we may request a copy of school records to look at patterns in grades over the course of their time in school. It would be very beneficial to receive copies of any psychological or mental function testing the school has done for your child. This will allow us to develop a better treatment plan for your child and indicate underlying problems for their behavior.

Please circle the problems your child is experiencing:

Depression Anxiety Anger Self-esteem Grades Arguing Attention Crying

Hyperactivity Conduct Weight No or few friends Isolation Relationships

Bed wetting Fire setting Self-mutilation Sexual Behaviors Drug/Alcohol Negative Friends

Not following directions Gang Involvement Absent Parent Fighting Lying Other_____

Does your child have any of the following problems? (Check all that apply.)

____Can‘t focus during board games
____Interrupts others while talking
____Loses homework or supplies
____Forgets what he/she is doing
____Forgets to turn in schoolwork
____Talks about several things at once
____Talks out of turn
____Can’t stay in seat
____Does not complete tasks
____Does not focus in class
____Sits and stares into space
____Does not seem to be listening

If your child does not live in the same residence as both biological parents, please indicate if parents share custody and visitations answer the following questions:

What is the current visitation schedule: _____
Which of the following apply to your child: _____has step-mother _____has step-father?
Does your child want to go to the visitations? Yes No
Does the other biological parent live in the same city as your child? Yes No

What is **your** relationship like with the other biological parent?

_____
_____

What is **your** relationship like with the step-parent?

_____
_____

What is your child’s relationship like with his other biological parent?

_____
_____

What is your child’s relationship like with the step-parent living with you?

_____
_____

What is your child’s relationship like with the other parent’s spouse?

_____
_____

CONSENT FOR TREATMENT OF A MINOR

This form is to give Alternative Life Solutions Counseling PLLC permission to treat _____ (Name of Child). I understand that the treatment will involve development of treatment plans, counseling, therapeutic intervention, assessments and determining the psychological needs of the child. I also understand that at any point during the therapy I am entitled to be informed of the methods being utilized to treat the child and the progress of the child. I also understand that the child is entitled to the same limits of confidentiality as an adult as part of the treatment progress. There may be incidents when the therapist is not able to answer specific questions about the things said during a counseling session if it is deemed that the information requested would be detrimental to the progress of therapy. In these instances, the questions will be addressed with the therapist, child and myself present.

By signing this consent I am agreeing that I am entitled to sign this consent in the capacity indicated below:

Initial Appropriate Line

_____ I am the legal parent and I have custody of the child listed above.
_____ I am the legal parent of the child listed above and have joint or shared custody of the child. I have provided court papers to support this.
_____ I am the court appointed guardian of the child listed above and have provided court papers to support this.
_____ I have notarized consent from the legal parent or guardian to seek treatment for the child listed above. I have provided a copy of this order.

_____ Picture ID/DL # _____
Signature of above indicated

_____
Witness of signature and identification