

White River Christian Church
Counseling Information Child Form

This is a safe form.
What you write on here cannot be shared with anyone else unless you say it's okay.

Information about you:

Name _____ Birth Date _____
Address _____ Home Phone _____
Grade in school _____
In case of emergency, call _____

Family Information:

Father's name _____
Father's Job _____
Mother's name _____
Mother's Job _____
When did they get married? _____
Are They Divorced? _____

Who Do You Live With?

Single Parent (just Dad or Mom) _____
Dad, Mom, and Kids _____ Step-dad or Step-mom and Kids _____
If you have step-parents: Step-Father's name _____
Step-Mother's name _____

List your brothers and sisters:

Name _____ Male/Female Age: _____ Step Sister _____ Step Brother _____
Name _____ Male/Female Age: _____ Step Sister _____ Step Brother _____
Name _____ Male/Female Age: _____ Step Sister _____ Step Brother _____

Name _____ Male/Female Age: _____ StepSister____Step Brother_____

Other important relationships (grandparents, other close family members, or close friends):

Spiritual Life:

Do you believe in God? ___ Yes ___ I think so but I'm not sure ___ No

Would you say you are a Christian? ___ Yes ___ I want to be ___ No

Do you pray regularly _____ Do you read the Bible regularly _____

Church you attend _____

Are you a Member there? ___ Yes ___ No

Number of Sunday's you attend Church each month ___ Every Sunday ___ Once ___ Twice

The Way I Feel:

CIRCLE any of the words that match how you feel right now:

- Sure of myself Nervous Hardworking Impatient Frustrated Lonely
- Kind Sad Excitable Creative Calm Serious I don't care about anything
- Shy Likeable Leader Quiet Angry Obey rules Spiritual Unsure of myself
- Sensitive Scared Anxious Silly Active Happy Hyper Upset

Check any of these words that are happening in your life right now:

- ___ Anger ___ Envy ___ Nervousness ___ Sadness
- ___ Fear ___ Guilt ___ Rebellion ___ Health ___ Big change in life
- ___ Abuse ___ Blended Family ___ Illness ___ Jealousy ___ Problems in School

How do you take care of yourself? (for example, taking a bath, brushing teeth, exercising)

Have you ever been **really, really** upset, sad, or angry? _____

If yes, tell us why _____

Have you ever seen a psychiatrist or counselor _____

If yes, tell us why _____

Why are you coming to counseling today? _____
