

*White River Christian Church*

## Parent Form

**Your right to privacy protects this form and its content.  
It cannot be released to anyone except by your written permission.**

### PERSONAL Information:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_ Pager \_\_\_\_\_

Your child was referred by: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Education (last year completed or degree) \_\_\_\_\_

Current Marital Status:

Never married       Engaged       Married

Separated       Divorced       Widowed

In case of emergency contact \_\_\_\_\_

### Marriage and Family Information:

Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_

Occupation \_\_\_\_\_ For how long? \_\_\_\_\_

Education (last year completed or degree) \_\_\_\_\_

Date of Marriage \_\_\_\_\_

List your children:

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

*If you have been married before or had children from earlier relationships, please fill out the following information:*

Former spouse's first name \_\_\_\_\_

Reason for separation: Death \_\_\_\_ Divorce \_\_\_\_

Married from Month/Yr. \_\_\_\_\_ To Month/Yr. \_\_\_\_\_

Children:

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_ Living with: \_\_\_\_ Deceased \_\_\_\_

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_ Living with: \_\_\_\_ Deceased \_\_\_\_

Name \_\_\_\_\_ Male/Female Age: \_\_\_\_ Living with: \_\_\_\_ Deceased \_\_\_\_

**Your Child's Health:**

(please answer accordingly for the child who will be receiving counseling)

Is your child healthy? \_\_\_\_\_

Does your child have any chronic illnesses (for example, asthma or diabetes) \_\_\_\_\_

If yes, what have they been diagnosed with? \_\_\_\_\_

Current medications and dosage

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

Name of physician \_\_\_\_\_

**Your Child's Emotions:**

Has your child ever had a **severe** emotional upset? \_\_\_\_\_

If yes, please explain (including date of upset) \_\_\_\_\_

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

Has your child ever seen a psychiatrist or counselor? \_\_\_\_\_

If yes, please explain (including dates of service) \_\_\_\_\_

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

How would you currently describe your child? \_\_\_\_\_

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

What has led you to seek counseling for your child? \_\_\_\_\_

\_\_\_\_\_

What have you already tried to do about this? \_\_\_\_\_

\_\_\_\_\_

What are your expectations for counseling for your child? \_\_\_\_\_

\_\_\_\_\_

Is there any other information that is important for the counselor to know? \_\_\_\_\_

\_\_\_\_\_