

**Jaelline Jaffe, Ph.D.**  
**4910 Van Nuys Blvd, Suite 111, Sherman Oaks, CA 91403**  
**Mailing Address: PO Box 1314, Studio City CA 91614**

**CLIENT INFORMATION FORM – CHILD**  
**Please use BLACK or BLUE ink**

**GENERAL INFORMATION**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Referred by \_\_\_\_\_

Address/City/Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Parent Cell ( ) \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_ Child e-mail address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ All who live with child \_\_\_\_\_

**EMPLOYMENT (Parent/Guardian)**

Parent/Guardian #1 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

**SCHOOL (Child)**

Name of child's school \_\_\_\_\_ City \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Grade \_\_\_\_\_ School Counselor \_\_\_\_\_ Grades in current classes \_\_\_\_\_

Favorite Subjects \_\_\_\_\_ Least Favorite \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

**PERSONAL / FAMILY INFORMATION**

Parents' Marital Status \_\_\_\_\_ If divorced or not with parent, who has legal custody? \_\_\_\_\_

Physical custody? \_\_\_\_\_ What is visitation arrangement? \_\_\_\_\_

Names/ages of siblings (from this or other marriages) \_\_\_\_\_

Pets \_\_\_\_\_ Extended family who live nearby \_\_\_\_\_

Emergency Contact, if those in house cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) ( ) \_\_\_\_\_ **OVER**

Preferred Payment: \_\_\_ Credit Card (Upload to client portal at Therapy Partner) \_\_\_ Zelle (DrJ@DrJJaffe.com)

Will you need Superbill for Insurance reimbursement (CA only)? \_\_\_ YES \_\_\_ NO

## HEALTH HISTORY

Is child CURRENTLY seeing another psychotherapist or counselor? \_\_\_\_ If so: Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ For how long? \_\_\_\_\_ For what purpose(s)? \_\_\_\_\_

Has child PREVIOUSLY been in psychotherapy or counseling? \_\_\_\_ If so: When? \_\_\_\_\_

For how long? \_\_\_\_ Family or child counseling? \_\_\_\_\_ Purpose(s)? \_\_\_\_\_

Outcome/Results? \_\_\_\_\_ Current concerns: \_\_\_\_\_

What prescription medications is child CURRENTLY taking? \_\_\_\_\_

What PREVIOUS medications has child taken for psychological or learning purposes? \_\_\_\_\_

Child's usual bedtime? \_\_\_\_ Wake up time? \_\_\_\_ Any sleep disturbances? \_\_\_\_\_

Child's food preferences / dislikes? \_\_\_\_\_ Any eating problems? \_\_\_\_\_

Pregnancy and Birth History: Full Term \_\_\_\_\_ Premature \_\_\_\_\_ Adopted \_\_\_\_\_

Any unusual circumstances or difficulties with the pregnancy or post-partum? \_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physical or medical conditions: \_\_\_\_\_

Other useful information to assist in counseling: \_\_\_\_\_

### EXAMPLES OF QUESTIONS FOR CHILD (to answer in early sessions)

What's your favorite TV show? Do you play video or computer games? If so, what's your favorite?

If you had \$1,000 and could spend it any way you wanted, what would you do with it?

How many places have you lived? Who took care of you when you were little? How many babysitters or nannies?

How do you get along with your siblings? How do you handle disagreements?

What do you do when you are mad? When you are scared? What is a scary thing that has happened in your life?

How do you know when your parents are upset with you? How do you know when they are upset with each other?

Did you ever have a serious accident (burn, fall, broken bone, auto, etc.)?

Did you ever have to stay in the hospital? Did you have any surgeries?

Do you have trouble with schoolwork?

Do you feel teased, picked on, bullied, threatened, left out? Do you ever think people are mean to you?

Did anyone close to you die? How? Did you ever lose a pet? How?

Did you ever lose something else that was special to you? What? How?