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CLIENT INFORMATION FORM – CHILD (out of CA)
Please use BLACK or BLUE ink

GENERAL INFORMATION

Today's Date _____

Child's Name _____ Referred by _____

Address/City/Zip _____ Home Phone () _____ Child's Cell () _____

Parent e-mail address: _____ Child e-mail address _____

Birthdate _____ Age _____ Gender Identity _____ Pronouns Used _____

EMPLOYMENT (Parent/Guardian)

Parent/Guardian #1 Name _____ Relationship to child _____

Occupation _____ Employer _____ Cell phone () _____

Parent/Guardian #2 Name _____ Relationship to child _____

Occupation _____ Employer _____ Cell 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 _____

Emergency Contact: Name _____ Relationship _____ Phone(s) () _____

FINANCIAL INFORMATION Preferred Payment – select Option 1 or 2

1. ___ Credit Card (VISA, MC, Discover, AmEx, HSA, debit)

Billing will appear on statement as IVY Pay (Upload card to IVY Pay when you receive first bill for \$0)

2. ___ Zelle (to JaellineJaffePhD@gmail.com) **Credit Card must also be on file as back up to Zelle (as above)**

HEALTH HISTORY

Is child CURRENTLY seeing a psychotherapist, counselor, or coach? _____ If so: Phone () _____

Name _____ For how long? _____ For what purpose(s)? _____

Has child PREVIOUSLY seen a psychotherapist, counselor or coach? _____ When? _____ For how long? _____

Previous or current Family 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 coaching: _____

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?