

Lakewood Counseling and Career Center

6607 18th Avenue South • Suite 101 • Richfield, MN 55423 • 612-798-7373 • Fax 612-243-3615

Why did your family decide to seek help at this time?

What resources or strengths have you used in dealing with this?

Please list other supportive people in your child's life.

Describe your child's relationship with her/his friends.

Describe your child's academic strengths and weaknesses.

What significant losses and/or changes has your family experienced?

Briefly describe your child's present nutritional patterns.

Briefly describe what kind of exercise your child gets each week and how often.

Has your child ever exhibited:	Overeating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Weight Loss/Gain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Briefly describe your child's sleeping patterns.

Are you concerned about your child's alcohol or drug use? Yes No

If yes, please describe.

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Has anyone voiced concern to you regarding your child's alcohol or drug use? __Y __N

If yes, please describe:

Has your child been in:

Chemical dependency treatment? __Outpatient __Inpatient

Mental health counseling? __Outpatient __Inpatient

If yes, please list names of treatment center, counselor(s), dates of treatment, and any medications prescribed:

In your family is there a history of: Physical abuse __Yes __No

Sexual abuse __Yes __No

Emotional abuse __Yes __No

Child abuse __Yes __No

Have you ever considered yourself abused physically___, sexually___, emotionally___?

What other issues do you wish to discuss?

I acknowledge receiving a copy of the date privacy act.
