**INFORMATION SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Child’s Name (first, middle, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date of Birth: \_\_\_\_\_\_\_\_\_ |
| Child’s Sex Assigned at Birth: \_\_\_ male \_\_\_ female \_\_\_ choose not to disclose | | | | |
| Child’s Gender Identity: \_\_\_ male \_\_\_ female \_\_\_ nonbinary \_\_\_ other \_\_\_ choose not to disclose | | | | |
| Child’s Home Address: | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Is your child in Special Ed? | | Yes \_\_\_\_\_\_\_ | | No \_\_\_\_\_\_\_ |
| Does your child have an IEP? | | Yes \_\_\_\_\_\_\_ | | No \_\_\_\_\_\_\_ |
| Does your child have a 504? | | Yes \_\_\_\_\_\_\_ | | No \_\_\_\_\_\_\_ |
| Child’s Grade (if here during the summer, last grade completed: \_\_\_\_\_\_\_\_ | | | | |
| Name and Address of Child’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Your Telephone: | | | | |
| Home: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_ | | Work: ( ) \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Referred by: | | | | |
| Self-Referral | Pediatrician/Family Doctor | | Psychologist (social worker, therapist, etc.) | |
| Psychiatrist | School personnel | | Other: \_\_\_\_\_\_\_\_\_\_  Other: | |

|  |  |  |
| --- | --- | --- |
| * Self-Referral | * Pediatrician/Family Doctor | * Psychologist (social worker, therapist, etc.) |
| * Psychiatrist | □School personnel | * Other: |

Child’s City/Municipality of Birth:

Child’s Race: □ American Indian/ Alaska Native □ Asian

* + Black or African American □ Native Hawaiian or Other Pacific Islander
  + White □ Multiracial

Child’s Ethnicity: □ Not Hispanic or Latino □ Hispanic or Latino

How many years has the child lived in the United States? years

Name of Person Completing Form:

What is your relationship to the child? □ Mother □ Father □ Legal Guardian □ Step-Parent □ Adoptive Parent

|  |  |  |
| --- | --- | --- |
| Your Date of Birth : / \_/ | Your Place of Birth: |  |
| Your Sex Assigned at Birth: \_\_ male \_\_ female |  |  |

Your Gender Identity: \_\_\_ male \_\_\_ female \_nonbinary \_\_\_ other \_\_\_choose not to disclose

Your Race: □ American Indian/ Alaska Native □ Asian

* + - Black or African American □ Native Hawaiian or Other Pacific Islander
    - White □ Multiracial

Your Ethnicity: □ Not Hispanic or Latino □ Hispanic or Latino

How many years have you lived in the United States? years

Your Marital Status: □ Married or Domestic Partnership □ Single, never married

* + - * Divorced/Separated □ Widowed

If divorced/separated, frequency of contact between child and ex-spouse:

* No contact □ 1-2 days per month □ 3-4 days per month
* 5-9 days per month □ 10 or more days per month
* If not on regularly monthly basis (e.g., vacations only or 1 time per year) approximately how many days per year?

Your education (Check highest level attained):

|  |  |  |  |
| --- | --- | --- | --- |
| * Some grade school | * Grade school | * Some High School | * High School |
| * GED | * Some college | * Associate’s | * Bachelor’s |
| * Master’s | * Ph.D. | * Technical Degree | * Advanced Degree (MD, J.D., etc.) |

Are you currently employed? □ Yes □ No

If yes, □ Part-time □ Full-time Occupation:

Please answer the following questions regarding the child’s biological father. If your child does not have contact with his/her biological father or this doesn’t apply, please answer the following questions regarding his/her step- parent or your live-in partner.

Please check if this (Parent 2) is the child’s:

|  |  |  |
| --- | --- | --- |
| * Biological father □ Step-Parent | * Adoptive Parent | * Mother’s Live-in Partner |
| Is Parent 2 currently present at the evaluation? | * Yes | * No |

Parent 2 Sex Assigned at Birth: \_\_male \_\_ female

Parent 2 Gender Identity: male \_\_\_ female \_nonbinary \_\_\_ other \_\_\_choose not to disclose

Parent 2 Date of Birth: / / Parent 2 Place of Birth:

|  |  |  |
| --- | --- | --- |
| Parent 2 Race: | * American Indian/ Alaska Native | * Asian |
|  | * Black or African American | * Native Hawaiian or Other Pacific Islander |
|  | * White | * Multiracial |

Parent 2 Ethnicity: □ Not Hispanic or Latino □ Hispanic or Latino How many years has Parent 2 lived in the United States? years

Parent 2 Education (Check highest level attained):

|  |  |  |  |
| --- | --- | --- | --- |
| * Some grade school | * Grade school | * Some High School | * High School |
| * GED | * Some college | * Associate’s | * Bachelor’s |
| * Master’s | * Ph.D. | * Technical Degree | * Advanced Degree (MD, J.D., etc.) |

Is Parent 2 currently employed? □ Yes □ No

If yes, □ Part-time □ Full-time Occupation:

Who does the child currently live with?

* Parent 1 (you) only □ Parent 2 only □ Both Parent 1 & 2 □ Other:

Please answer the following questions about the child’s home.

Language Spoken at Home:

Additional Language Spoken at Home:

Present Annual Family Income:

□ $0 - $20,999 □ $21,000 - $40,999 □ $41,000 - $60,999

□ $61,000- $80,999 □ $81,000- $99,999 □ $100,000 - $124,999

□ $125,000 - $149,999 □ $150,000 +

|  |  |
| --- | --- |
| **CLIENT LOCATOR FORM** | |
| Please give us the name, address, and phone number of three individuals who will be able to contact you, in the event that you move, if we are unable to locate you for your participation in any follow-up appointments. This  person does not necessarily have to live in this area. We will not share any confidential information, only that you were at the Center for research purposes. | |
| **1.** | **Name of locator:** |
|  | **Address:** |
|  |  |
|  | **Phone Number: ( )** |
|  | **Relationship:** |
| **2.** | **Name of locator:** |
|  | **Address:** |
|  |  |
|  | **Phone Number: ( )** |
|  | **Relationship:** |
| **3.** | **Name of locator:** |
|  | **Address:** |
|  |  |
|  | **Phone Number: ( )** |
|  | **Relationship:** |
|  |  |

# HEALTH INFORMATION

Please list **all current and past treatment** and/or evaluations **your child** has received for any emotional or psychological problem. (Problems may include but are not limited to Anxiety, Depression, Substance Abuse, Eating Disorder, ADHD, and Schizophrenia.)

Please note any significant breaks in **current** treatment.

Please list in chronological order.

|  |  |  |  |
| --- | --- | --- | --- |
| DATES (mo/yr) | PROBLEM | TYPE OF TREATMENT and/or  Medication | DOCTOR/AGENCY |
| Start / End / | | | |
| Start / End / | | | |
| Start / End / | | | |
| Start / End / | | | |
| Start / End / | | | |
| Start / End / | | | |

## Child Medication

##### Is your child **currently** taking any medication for psychiatric/psychological conditions?

* Yes □ No

Please list any psychiatric medications your child is **currently** taking:

**Name of Medication 1**: Length of time taking medication 1:

###### Dosage:

* Less than 4 weeks □ 4-8 weeks □ 8-12 weeks □ 12 weeks or more

Has there been a change of dosage in the last 4 weeks? □ Yes □ No

If yes, the dosage went from to . Has your child ever stopped taking the medication? □ Yes □ No

If yes, please indication when: / to /

**Name of Medication 2**: Length of time taking medication 1:

###### Dosage:

* Less than 4 weeks □ 4-8 weeks □ 8-12 weeks □ 12 weeks or more

Has there been a change of dosage in the last 4 weeks? □ Yes □ No

If yes, the dosage went from to . Has your child ever stopped taking the medication? □ Yes □ No

If yes, please indication when: / to /

**Name of Medication 3**: Length of time taking medication 1:

###### Dosage:

* Less than 4 weeks □ 4-8 weeks □ 8-12 weeks □ 12 weeks or more

Has there been a change of dosage in the last 4 weeks? □ Yes □ No

If yes, the dosage went from to . Has your child ever stopped taking the medication? □ Yes □ No

If yes, please indication when: / to /

**Name of Medication 4**: Length of time taking medication 1:

###### Dosage:

* Less than 4 weeks □ 4-8 weeks □ 8-12 weeks □ 12 weeks or more

Has there been a change of dosage in the last 4 weeks? □ Yes □ No

If yes, the dosage went from to . Has your child ever stopped taking the medication? □ Yes □ No

If yes, please indication when: / to /

*Please let a research assistant know if you need an additional page.*