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♥ CHILD DATA FORM ♥

Today's Date _____ *Please answer all information as completely as possible.*
Information given is strictly confidential. Feel free to ask for assistance, if needed.

Child's Name: _____ *Gender:* M ___ F ___
Last First

Date of Birth: _____ *Parent Cell* _____

School: _____ *Grade Level (now):* _____

School Counselor: _____ *Phone:* _____

Is your child currently on probation? No ___ Yes ___ *Retained:* No ___ Yes ___

Is your child receiving special educational or other services? No ___ Yes ___

Explain: _____

Is your child receiving counseling elsewhere? No ___ Yes ___

Previous Mental Health Professional/Agency _____
Name Ph #

Gross Household Annual Income:

___ \$10,000 – 30,000 ___ 30,001 – 60,000 ___ 60,001 – 90,000 ___ 90,001 – 200,000 ___ 200,001 – up

♥ PARENT INFORMATION ♥

Parent I

Name: _____
Last First MI

Address _____
Street Apt. City State Zip

Cell: _____ Email: _____
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Educational Level:

___ High School/GED ___ College Graduate ___ Ph.D. Degree ___ Other
___ Trade School/Some College ___ Master's Degree ___ JD Degree

Marital Status (indicate all that apply and duration of each, ex. 1965-1985):

Never married _____ Married _____ Remarried _____
Divorced _____ Separated _____ Widowed _____ Partnership _____

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Never married _____ Married _____ Remarried _____
Divorced _____ Separated _____ Widowed _____ Partnership _____

Describe any history in your family regarding:

Learning, emotional, or behavioral problems - _____

Alcohol/drug abuse/eating disorder - _____

Domestic violence - _____

Criminal activity - _____

Sexual/verbal/mental abuse - _____

♥ **GENERAL INFORMATION** ♥

Child's Current Household: Mother only ___ Father only ___ Natural parents ___ Natural mother and step-father ___ Natural father and step-mother ___ Blended family (two spouses with children) ___ Adoptive parents ___ Relatives ___ Foster family ___ Partnership with children ___

List child's current family, beginning with the oldest member and include the child.

Primary Household

Name	Age	Gender	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Second Household (if applicable – blended family)

Name	Age	Gender	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently involved in a custody dispute: No ___ Yes ___ (if yes, explain)

If divorced, circle the number which best describes your relationship with your ex-spouse.

Very Hostile Hostile Frustrating Friendly Very friendly
 1 2 3 4 5 6 7

♥ **CHILD'S HEALTH** ♥

Date of LAST complete physical _____

Physical Disability: yes__ no__ (if yes, explain) _____

Chronic Illness: yes__ no__ (if yes, explain) _____

Primary Care Physician: _____
Name phone #

Check the following items for a diagnosis or medication your child has received:

Diagnosis	Date of Diagnosis	Name of Medication	Dosage
Depression	_____	_____	_____
ADHD	_____	_____	_____
Conduct Disorder	_____	_____	_____
Learning Disability	_____	_____	_____
Anxiety/ Nervousness	_____	_____	_____
Panic Attack	_____	_____	_____
Manic- Depression (Bipolar)	_____	_____	_____
Schizophrenia	_____	_____	_____
Mood/Anger	_____	_____	_____
Tics	_____	_____	_____
Insomnia/ Sleeplessness	_____	_____	_____
Obsessive/ Compulsive	_____	_____	_____
Addiction	_____	_____	_____
Convulsions	_____	_____	_____
Bedwetting	_____	_____	_____
Other	_____	_____	_____

If your child has been diagnosed, who gave the diagnosis? Pediatrician____ Psychiatrist____
 School____ Other_____

What other medication is your child is currently taking?

Medication

Dosage

Physician/Psychiatrist prescribing medication:

Name

Phone #

♥ CURRENT CONCERNS ♥

- Adjustment to life changes (changing schools, parent's divorcing, moving, etc.)
- Bed wetting and related problems/soiling
- Abuse (physical, emotional, sexual)
- Disturbing memories (past abuse, neglect or other traumatic experience)
- Drug or alcohol use (both legal and illegal drugs)
- Eating problem (purging, bingeing, overeating, hoarding, severely restricting diet)
- Feeling anxious (nervous, fearful, worried, panicky, obsessive-compulsive, lacking trust, withdrawn)
- Feeling angry or irritable
- Feeling guilty or shameful
- Feeling sadness depression or suicidal urges related to grief
- Feeling sadness depression or suicidal urges NOT related to grief
- Gang related concerns (explain _____)
- Health concerns (physical complaints and/or medical problems)
- Illegal behaviors (runaway, stealing, repeated run-ins with the law, etc.)
- Learning/Academic difficulties
- Parent-Child relationship
- Personal Growth (no specific problem)
- Child's disruptive behavior (aggression, acting out, attention deficit, hyperactivity, annoying).
- Child's inappropriate behavior
- Non-family relationship (roommates, classmates, teachers, playmates, friends)
- Sleep problem (nightmares, night-terror, sleeping too much or too little, etc.)
- Sexual concerns (excessive masturbation, inappropriate acting out, inappropriate display of sexual knowledge)
- Sexual identity concern
- Speech problem (not talking, stuttering, etc.)
- Unusual experiences (loss of periods of time, sensing unreal things, etc.)
- Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems, etc.)
- Other (explain _____)

Other Treatment your child has received: None ___ Individual counseling ___ (dates: _____)
Family counseling ___ (dates: _____) Hospice ___ (dates: _____) Play Therapy ___
(dates: _____) Hospitalization ___ (dates: _____) Other (explain) _____

Stressors in the Family: Parents fighting frequently ___ Parents divorced ___ Financial problems ___ Family member's disability or major accident or illness ___ Chronic illness of family member ___ Moved a lot ___ Family member absent (explain) _____
Family member emotional problems (explain) _____
Spousal abuse (explain) _____ Other (explain) _____

Abused (indicate all that apply): Physically ___ Emotionally ___ Sexually ___

Neglected (indicated all that apply): Physically ___ Emotionally ___

School Problems: (indicate all that apply): Academic problems___ Severely teased___ Discipline problems___ Unpopular___ Other (explain)_____

Early Language/Speech Problems: No___ Yes___ (If yes, explain) _____

Emotional Concerns: (indicate all that apply): Emotional problems___ Suicidal thoughts___ Suicide attempts___ Loss of energy___ Lost weight___ Gained weight___ Appetite change___ Heard voices when no one was around___ Other (explain)_____

Behavior Problems :(indicate all that apply): Misbehaved a lot___ Trouble with the law___ Involved with the juvenile system___ Ran away___ Impulsive___ Alcohol and/or drug use___ Hyperactive___ Attention problems___ Accident-prone___ Frequent arguments___ Taken advantage of___ Temper outbursts___ Slapping, hitting, shoving___ Loner___ Other_____

Physical Problems: (indicate all that apply): Major illness___ Major accident___ Disability___ Chronic illness___ Hospitalization___ Developmental delay(s)___ Sleep problem___ Bedwetting___ Serious overeating or undereating___ Neurological problems/exam___ Other_____

Trauma/Stressor on Child (indicate all that apply):

Child separated from parent (how long and when)_____

Death of a significant person___ (name _____; relationship to child _____; date of death _____)

Abuse of a pet___ Death of a pet___ Incarcerated family member___ Sexual Assault___ Victim of trauma (unusual, terrifying experience)___ Medical___ Natural disaster___

Other_____

Family Atmosphere (circle the number that best describes **how you think your child** views the atmosphere in your home):

Very lenient 1 2 3 4 5 Very strict

Very non-religious 1 2 3 4 5 Very religious

Flexible 1 2 3 4 5 Highly structured

Few expectations 1 2 3 4 5 High expectations

Inconsistent 1 2 3 4 5 Consistent

Family Support System (such as church, friends, relatives, school)

Hardly any support 1 2 3 4 5 Considerable support

Circle number of hours your child spends watching TV each week:

0-2 3-5 6-8 9-14 14+

Circle number of hours your child spends using computer/video games each week:

0-2 3-5 6-8 9-14 14+