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CHILD AND ADOLESCENT INITIAL INTERVIEW FORM

CLIENT INFORMATION:

Name: _____ SS#: _____ Date of birth: _____

Address: _____ City: _____ Zip: _____

Mother's name: _____ SS#: _____ Date of birth: _____

Address: _____ City: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Email: _____ Preferred method of contact: _____

Employer: _____ Position: _____ # of years employed at this job: _____

Father's name: _____ SS#: _____ Date of birth: _____

Address: _____ City: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Email: _____ Preferred method of contact: _____

Employer: _____ Position: _____ # of years employed at this job: _____

RESPONSIBLE PARTY FOR THE BILL (If other than patient):

Insured Name: _____ Relationship to Client: _____

Phone (if different from above): _____ SS#: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Health Insurance Carrier: _____ Insured ID number: _____

Insured Employer: _____ Group number: _____

Provider services phone number (located on back of card): _____

Health history:

Physician: _____ Phone: _____

List any significant health problems: _____

List any medications you are taking and the dosage: _____

Have you seen a therapist before? No: _____ Yes: _____ If yes, when and with whom? _____

Reason for not continuing or returning to previous therapist: _____

How were you referred to my office? _____ May I thank him/her for referring you? _____

Developmental Milestones:

Did your child meet developmental on time? _____

School History:

Please list all schools attended, length of time and any school related concerns: _____

Family Relationships:

Others living in the home:

Name: _____ Gender: _____ Date of birth: _____

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Name: _____ Gender: _____ Date of birth: _____

Name: _____ Gender: _____ Date of birth: _____

Are there any concerns with sibling relationships? If yes, please describe _____

Are there any custody issues/disagreements between the parents or caregivers? If yes, please describe: _____

Please state the reasons for which you are seeking counseling for your child and what goals you would like to accomplish.