



# Lifeline Counseling LLC

## Child Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

siblings names/ages: \_\_\_\_\_

### History

What problems or concerns have you come here to address? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child seen a counselor before? If so, who and when? \_\_\_\_\_

\_\_\_\_\_

Do the child currently have a psychiatrist? If so, when was the last appointment? \_\_\_\_\_

\_\_\_\_\_ When is next appointment? \_\_\_\_\_

Please list any medications the child currently takes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the child have a history of mental illness, substance abuse, or eating disorder? If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does anyone in your family/extended family have a history of mental illness, substance abuse, or eating disorder? If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the child have any history of childhood trauma, abuse, or neglect? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the child ever attempted suicide? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has the child ever felt like seriously hurting someone? If yes explain \_\_\_\_\_

Has the child ever been hospitalized psychiatrically? If so, when and where \_\_\_\_\_

Does the child have any medical conditions? If yes, please indicate: \_\_\_\_\_

Are there any relationships the child is unhappy with at the present time? If yes, please indicate:

Does the child have, or does the family have, any legal problems? If yes, please indicate:

**Statement of confidentiality**

The personal information shared in this consult and/or therapy session will be kept confidential or private within the boundaries of the law and by what are considered best practices of the field. Information will not be shared beyond without written consent of the client or legal guardian/parent, except where mandated by law or legal precedent for safety factors, including where there is a danger of harm to self or others.

**Mandated Reporters**

State law mandates certain professionals or officials, acting in their professional capacity, must report concerns about any child or disabled/impaired adult who may be, or is at risk of being, abused or neglected. Most mandated reporters work in schools, health care, counseling/psychology, child care, camps for children, the legal field, social work, or developmental disability programs. More specific information on mandated reporters, and a complete list, is available at Ohio Revised Code 2151.421.

Consent to treat

I consent/I consent for my child to participate in the proposed treatment as recommended by the provider in accordance with the standards of professional practice. I hereby certify that the clinician has informed me of his/her professional qualifications, certifications, and/or licensure.

Assignment of Benefits and Release of information

I hereby assign, transfer, and set over to Lifeline Counseling LLC all of my rights, title and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I authorize Lifeline Counseling LLC to release by financial information to my guarantor or third party collection agency if further collection assistance is required.

\_\_\_\_\_  
client/guardian sign

\_\_\_\_\_  
date

\_\_\_\_\_  
If minor child, child's name

\_\_\_\_\_  
your relationship to minor

\_\_\_\_\_  
counselor/witness sign

\_\_\_\_\_  
date