

**Annette Hodgson, LCSW  
Licensed Clinical Social Worker  
Annette Hodgson Family Counseling, LLC  
2876 Johnson Ferry Road, suite 200B  
Marietta, Georgia 30062  
404-597-3327**

Initial Client Evaluation for Children and Teenagers

Child's Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Child Birth Date: \_\_\_\_\_

Please give the telephone number in that a voice mail message or text message may be left. Please remember that cellular phones are not necessarily confidential due to technology.

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail to send appointment reminders

\_\_\_\_\_

Siblings:

Name _____	Age _____	Live with child:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name _____	Age _____	Live with child:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name _____	Age _____	Live with child:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name _____	Age _____	Live with child:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Parents: Mother's Current Age \_\_\_\_\_

Father's Current Age \_\_\_\_\_

Confidential Medical Information:

Does your child have any allergies (medication/food/environmental)?  No  Yes

\_\_\_\_\_

Medical problems: \_\_\_\_\_

Prescribed medications: \_\_\_\_\_

In case of a medical or other emergency, please tell us who you would like us to call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Counseling Information:

Reason for coming to counseling: \_\_\_\_\_

Please list your child's best emotional strengths that will help him or her in counseling?

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

Has your child had counseling before?  Yes  No If yes, please give the following info:

Problem: \_\_\_\_\_ Month/Year \_\_\_\_\_

Were you satisfied with the results:  Yes  No

Problem: \_\_\_\_\_ Month/Year \_\_\_\_\_

Were you satisfied with the results:  Yes  No

Has your child expressed suicidal thoughts?  Yes  No

Is there a history of anxiety and or depression or other psychological problems in your family?  Yes  No

Has your child been a victim of sexual, physical or verbal abuse?  Yes  No

How did you hear about Annette Hodgson for counseling?

\_\_\_\_\_

Parent signature: \_\_\_\_\_

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