

Annette Hodgson, LCSW
Licensed Clinical Social Worker
Annette Hodgson Family Counseling
1503 Johnson Ferry Road, Suite 100
Marietta, Georgia 30062
404-597-3327

Initial Client Evaluation for Children and Teenagers

Child's Name: _____

Parent Name(s): _____

Address: _____

Birth Date: _____

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

Home: _____ Cellular: _____ Work: _____

Email to send communication _____

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:

How did you hear about my counseling practice? _____

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: _____