Hope Center Counseling
10274-A Hwy 104
Fairhope, AL 36532

Today's Date:_____

Name: _____
First MI Last

Address:_____City:_____Zip Code:_____

Phone Number: _____Alt:_____

Date of Birth: _____

Marital Status: Single Married Divorced Widowed

Next of Kin/Emergency Contact: _____
Phone Number of Contact: _____Relationship: _____

Church Affiliation: _____City:_____

If client is under 18:
Name of Responsible Party: _____
Phone Number of Responsible Party: _____

ALLERGIES:_____

MEDICATIONS YOU ARE CURRENTLY ON, STRENGTH AND FREQUENCY:

_____
_____
_____
_____
_____

If any/all of the above information changes at any time, it is up to the client or client's parents/guardian (if under 18 years old) to notify the Hope Center of any changes.
Signature: _____Date: _____

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HIPPA NOTIFICATION

I have read the Notice of Privacy Policy located in the lobby of the Hope Center.
Signature _____Date_____
*If you would like a copy of the Privacy Policy please notify the receptionist.

LIMIT OF SERVICE

Hope Center Counseling does NOT seek to represent itself as a full-service, mental health, facility. Counseling services are provided by appointment ONLY. We DO NOT provide an after hours emergency phone number for life-threatening emergencies. If a client feels that they are in danger of harming themselves or others, they will be instructed to call 911 or to proceed to the nearest hospital emergency room.

_____ I understand the Limit of Service the Hope Center presents.

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another part without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults: If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social serve and/or legal authorities.

Prenatal Exposure to Controlled Substances: Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship: Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Court Order.

I agree to the above limits of confidentiality and understand their meanings and ramifications.
Signature_____Date_____
*Client's Parent/Guardian if under 18.

MISSED APPOINTMENT POLICY

Hope Center Counseling has a strict policy that requires a 24hour advance notice to cancel or reschedule an appointment. If you do not give a 24hour notice you will be charged $25.00.

_____ I understand the Missed Appointment Policy.

Brief Developmental History for Juveniles

Completed by:_____ Date_____
(name and relationship)

1. Child's Name:_____ Birth date:_____
   Sex:_____ Age:_____

2. Home Telephone: _____ Parent's Work No.:_____

May we call you at home?	Y N	May we call you at work?	Y N
May we leave a message at home:	Y N	May we voicemail you at work?	Y N
May we mail you information at home?	Y N		

What concerns or issues convinced you to seek assistance now?_____
_____
_____
_____
_____
_____

3. Grade:_____
   Were any grades skipped? ☐ Yes ☐ No
   Were any grades repeated?: ☐ Yes ☐ No Which ones?_____

4. Father's Name:_____ Occupation:_____

5. Mother's Name:_____ Occupation:_____

   Other legal guardians:_____

6. Who else lives in the home? (Please include name, relationship to the child, age of brothers/sisters or other children.)
   _____
   _____
   _____

7. Emergency Contact Person:_____

   Emergency Contact Phone Number:_____

   Relationship to child:_____

Child's name:_____

8. Is the child adopted? ☐ Yes ☐ No If so, at what age?_____

9. Are there close family members not living in the home? ☐ Yes ☐ No
(Biological/step parents or siblings; list name, relationship to the child, age of brother/s sisters or other children)

_____

_____

_____

10. Mother's health during pregnancy: _____ Good _____ Fair _____ Poor
If fair or poor, please describe:_____

_____

11. During pregnancy; did the mother:

Take any medications?	Yes	No	Please List:
Drink Alcohol?	Yes	No	How Much?
Smoke cigarettes?	Yes	No	How Much?
Use recreational drugs?	Yes	No	What/how much?

12. Length of pregnancy:_____ Birthweight:_____
Duration of labor:_____ Were forcepts used? ☐ Yes ☐ No
Delivery was (check one) _____ Normal _____Breech _____Cesarean
Were there any problems before or after delivery? ☐ Yes ☐ No
If so, please describe:_____

13. Is your child on any medications? ☐ Yes ☐ No Prescribed by:_____
If so, what is the medicine, the dosage and how long has your child been on it?

To your knowledge has your child tried any of the following?

Tobacco:	☐ Yes	☐ No
Alcohol:	☐ Yes	☐ No
Street or Recreational Drugs	☐ Yes	☐ No
Over the Counter Drugs	☐ Yes	☐ No

If yes please name_____

Child's name:_____

Please describe any medical problems:_____

_____

_____

_____

Has your child ever been hospitalized: ☐ Yes ☐ No
if so, when and why?_____

Has your child received any previous counseling or Mental Health Treatment?
(Please specify) ☐ Yes ☐ No

Last Physical:_____ Child height:_____ Weight:_____
Name of primary care physician?_____
Health Insurance – Please Identify:_____

14. As well as you can remember, were there any delays in the following areas?

	Yes	No		Yes	No
Sat alone	☐	☐	Toilet Trained	☐	☐
Named colors	☐	☐	Crawled	☐	☐
Rode bike	☐	☐	Said alphabet	☐	☐
Stood along	☐	☐	Used sentences	☐	☐
Began to read	☐	☐	Walked along	☐	☐
Buttoned clothes	☐	☐	Tied shoes	☐	☐
Said words (besides mama, dada)	☐	☐			

15. Is there a family history of mental health problems in your family? ☐ Yes ☐ No
Please specify:_____

Is there a family history of Substance Abuse in your family? ☐ Yes ☐No
Please specify:_____

16. Is there a history of, or current concern with any of the following (please check). For each item checked, please list how long these have been problems.

_____	School Behavior Problems	_____	Academic/Special Education
_____	Eating problems	_____	Stealing
_____	Speech Difficulties	_____	Masturbation
_____	High temperatures	_____	Runaway
_____	Head injuries/concussions	_____	Temper tantrums
_____	Poor memory	_____	Crying spells
_____	Wetting pants	_____	Cruel to animals
_____	Soiling pants	_____	Coordination
_____	Lying	_____	Truancy

Child's name:_____

17. Is there a history of, or current concern with any of the following (please check). For each item checked, please list how long these have been problems.

_____	Avoids cuddling	_____	Impulsivity
_____	Sleep difficulties	_____	Interrupting
_____	Headaches	_____	Poor attention
_____	High energy	_____	Bed wetting
_____	Constipation	_____	Fire setting
_____	Sex play with other children	_____	Frequent bad dreams
_____	Aggressive behavior	_____	Defiance to authority
_____	Legal problems	_____	Obsessive Behavior
_____	Fears	_____	Suicidal thoughts
_____	Attention Deficit Disorder	_____	Hallucinations
_____	Bizarre Behaviors	_____	Other

18. What stressors are affecting your child?

Home	_____	Parent Conflict	_____
Peer	_____	Family	_____
School	_____	Siblings/Step	_____
Grades	_____	Step Parent	_____
Other	_____	Losses	_____

19. How does your child get along with other children (Please Check)

	Good	Fair	Poor
School			
Home			

Do you have any concerns about their friends? ☐ Yes ☐ No

Child's name:_____

20. What does your child and family do for fun?: (Please Check)

Games:_____
Movies:_____
Sports:_____
Outing:_____
Other:_____

21. What are your child's assets? (Please Check)?

Academics:_____
Music:_____
Art:_____
Sports:_____
Helpful:_____
Good-natures:_____
Plays well with others:_____
Cooperative:_____
Other:_____
_____

22. Please make any other comments what may be helpful in understanding your child:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____