

Anthony Iacovelli, Ph.D.
Psychotherapy, Evaluation, and Behavioral Health Services

Child Demographic Information

Today's Date: __/__/____

Child's Name: _____ Parent's Name: _____

Birth Date: __/__/____ Age: _____ Grade: _____ Gender: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Which is your preferred method of contact? (please circle) Home Phone Cell Phone

What is a good time of day to reach you? _____

Reasons for Referral

Who referred you? _____

Briefly describe the reason you are here: _____

How long has this reason been noticeable to you? _____

How old was your child when the symptoms first occurred? _____

How often do you notice the problem? _____

What areas of your child's life are most affected and how (i.e. relationships, school, home)?

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Diagnoses (Yes No) If yes, please explain: _____

What is the name of the doctor that made the diagnosis? _____

Is your child currently taking any medications (including psychiatric/behavior medications)? (Yes No)

If yes, please write name(s) and dosage: _____

What is your child's family/household composition and names of family members living in the home (i.e. lives with spouse, parents, children)?

Educational History

What school district does your child attend? _____

What is your child's educational placement? (i.e., general ed, inclusion, self-contained)?

What is your child's classification (if any)? _____

Does your child receive services/accommodations at school? (Yes No)

If yes, describe the services/accommodations your child receives and how often they are received (i.e., speech, occupational therapy, physical therapy): _____

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Medical History

Does your child have any current medical or health concerns (Yes No)

If yes, please list:

Does your child have any chronic or recurrent medical or health concerns (i.e. diabetes, asthma)? (Yes No)

If yes, please list:

Does your child currently take any medications for their medical condition? (Yes No)

If yes, please list:

Have any other family members shown similar difficulties or challenges? (Yes No)

If yes, who?
