Registration Form B **CLIENT NAME or INITIALS**.....

Medical & Psychiatric Hospitalizations, Surgeries, Injury/Illness History

	Dates	Facility	Reason	Outcome
YOU	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
CHILD / ADO.	Check if others to list: ☐			
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	Check if others to list: ☐			

Personal / Relational

Check relevant boxes to rate the following:

YOU:	Less than usual	Typical for you	More than usual	*CHILD/ ADO.,* *(if relevant)*	Less than usual	Typical for them	More than usual
Activity Level	☐	☐	☐	Activity Level	☐	☐	☐
Affection	☐	☐	☐	Affection	☐	☐	☐
Persistence	☐	☐	☐	Persistence	☐	☐	☐
Moodiness	☐	☐	☐	Moodiness	☐	☐	☐
Intensity of emotional response	☐	☐	☐	Intensity of emotional response	☐	☐	☐

Indicate if there is a struggle with areas listed:

YOU:	Check if Yes, (area of struggle)	IF 'YES', is it Typical for you?	More than usual	*CHILD/ ADO.,* *(if relevant)*	Check if Yes, (area of struggle)	IF 'YES', is it Typical for them?	More than usual
Depression	☐	Y N	☐	Depression	☐	Y N	☐
Notable or ongoing anger	☐	Y N	☐	Notable or ongoing anger	☐	Y N	☐
Anxiety	☐	Y N	☐	Anxiety	☐	Y N	☐
Grief	☐	Y N	☐	Grief	☐	Y N	☐
Social Difficulties	☐	Y N	☐	Social Difficulties	☐	Y N	☐
Detachment	☐	Y N	☐	Detachment	☐	Y N	☐

Indicate if you have experienced the following:

YOU:	Yes	Details—or Other Stressors:	*CHILD/ ADO.,* *(if relevant)*	Yes	Details—or Other Stressors:
Frequent Moves	☐	.....	Frequent Moves	☐	.....
Work or school problems	☐	.....	Work or school problems	☐	.....
Peer struggles or breakup	☐	.....	Peer struggles or breakup	☐	.....
Separation or Divorce	☐	.....	Separation or Divorce	☐	.....
Abortion	☐	.....	Abortion	☐	.....
Recent / impactful deaths	☐	.....	Recent / impactful deaths	☐	.....

Indicate a number 1 to 10 for each relationship, where 1=Peaceful & 10=Highly Stressful. ***(Comments)***

Mother:	.....
Father:	.....
Brother(s):	.....
Sister(s):	.....
In-laws:	.....

RE: Child/Ado Client: **Indicate a number 1 to 10 for each relationship. 1=Peaceful & 10=Highly Stressful.** ***(Comments)***

Mother:	.....
Father:	.....
Brother(s):	.....
Sister(s):	.....
In-laws:	.....

Note closest relationships in your life currently. Would you consider them your support network?—Indicate Y or N

You: 1..... 2..... 3.....

Child/Ado: 1..... 2..... 3.....

By frequency / usage, note hobbies / stress relievers you enjoy. Do you make use of these when stressed?—Y or N

You: 1..... 2..... 3.....

Child/Ado: 1..... 2..... 3.....