

Nick Cutler Adolescents & Family Therapy, LLC

Client Information Sheet – Child

Child's Legal Name _____ Date of Birth _____ Age _____

Child's Preferred Name _____ Gender Identity _____

Preferred Pronouns _____ County of Residence _____

Address _____

Child's Primary Custodial Parent/Guardian is: ☐ Mother ☐ Father ☐ Both parents ☐ Other

1. Parent/Guardian Name _____ Relationship _____

Address _____

Phone Number(s) _____

Currently Employed ☐ No ☐ Yes If Yes, Occupation _____

2. Parent/Guardian Name _____ Relationship _____

Address _____

Phone Number(s) _____

Currently Employed ☐ No ☐ Yes If Yes, Occupation _____

3. Parent/Guardian Name _____ Relationship _____

Address _____

Phone Number(s) _____

Currently Employed ☐ No ☐ Yes If Yes, Occupation _____

4. Parent/Guardian Name _____ Relationship _____

Address _____

Phone Number(s) _____

Currently Employed ☐ No ☐ Yes If Yes, Occupation _____

Parent/Guardian(s) are currently: ☐ Married ☐ Divorced ☐ Remarried ☐ Never Married ☐ Other

Who referred you or how did you hear about me?

☐ Social Services ☐ Court ☐ School ☐ Davidson County Mental Health ☐ Other

What are the goals of Counseling? _____

Nick Cutler Adolescents & Family Therapy, LLC

Pediatric Symptom Checklist

Emotional and physical health often go together in children. Because parents/guardians/caregivers are often the first to notice a problem, you may help us provide the best possible care by answering these questions. Please mark which best fits your child within the past month.

	Not at all	A little/ Sometimes	Often
1 Complains of aches/pains.....	☐	☐	☐
2 Spends more time alone.....	☐	☐	☐
3 Tires easily, has little energy.....	☐	☐	☐
4 Fidgety, unable to sit still.....	☐	☐	☐
5 Has trouble with a teacher.....	☐	☐	☐
6 Loss of interest in school.....	☐	☐	☐
7 Acts as if driven by a motor.....	☐	☐	☐
8 Excessive Daydreaming.....	☐	☐	☐
9 Easily Distracted.....	☐	☐	☐
10 Is afraid of new situations.....	☐	☐	☐
11 Feels sad/unhappy.....	☐	☐	☐
12 Is irritable/angry.....	☐	☐	☐
13 Feels hopeless.....	☐	☐	☐
14 Has trouble concentrating.....	☐	☐	☐
15 Has increased anxiety.....	☐	☐	☐
16 Loss of interest in friends.....	☐	☐	☐
17 Has trouble with friends/peers.....	☐	☐	☐
18 Fights with others.....	☐	☐	☐
19 School grades dropping.....	☐	☐	☐
20 Has trouble sleeping.....	☐	☐	☐
21 Worries excessively.....	☐	☐	☐
22 Needs constant attention.....	☐	☐	☐
23 Feels s/he is 'bad'.....	☐	☐	☐
24 Takes unnecessary risks.....	☐	☐	☐
25 Gets hurt frequently.....	☐	☐	☐

	Not at all	A little/ Sometimes	Often
26 Acts younger than children his/her age.....	☐	☐	☐
27 Does not follow rules.....	☐	☐	☐
28 Is disruptive of family routines.....	☐	☐	☐
29 Has obsessions/compulsions.....	☐	☐	☐
30 Suffers from memory loss.....	☐	☐	☐
31 Has auditory or visual hallucinations.....	☐	☐	☐
32 Does not show feelings.....	☐	☐	☐
33 Does not understand other people's feelings.....	☐	☐	☐
34 Blames others for his/her troubles.....	☐	☐	☐
35 Takes things that do not belong to him/her.....	☐	☐	☐
36 Has sudden or extreme mood swings.....	☐	☐	☐
37 Used drugs or alcohol.....	☐	☐	☐
38 Engages in repetitious behaviors.....	☐	☐	☐
39 Has specific fears/phobias.....	☐	☐	☐
40 Suffers from flashbacks of an upsetting event.....	☐	☐	☐
41 Has gender dysphoria.....	☐	☐	☐
42 Engages in self-harm (cutting, burning, rubbing, etc).....	☐	☐	☐
43 Has been bullied by others.....	☐	☐	☐
44 Is physically aggressive.....	☐	☐	☐
45 Disregards rules in school or at home.....	☐	☐	☐
46 Disregards social norms or laws.....	☐	☐	☐
47 Over sexualized behavior or knowledge for age.....	☐	☐	☐
48 Enuresis (bed wetting or wetting pants).....	☐	☐	☐
49 Encopresis (soiling of clothing or bedding).....	☐	☐	☐
50 Suicidal thoughts or actions.....	☐	☐	☐

Psychosocial: What words best describe your child's social interactions with others? Check all that apply.

- ☐ Outgoing ☐ Talkative ☐ Extroverted ☐ Quiet ☐ Shy ☐ Introverted
☐ Makes friends easily ☐ Slow to make friends ☐ Bossy ☐ Is easily hurt by others
☐ Tends to want to do activities in groups ☐ Tends to want to do activities alone ☐ Has bullied peers
☐ Spends too much time on social media or playing video games ☐ Plays/participates well with others
☐ Is negatively influenced by social media or video games ☐ Shows good sportsmanship skills
☐ Is well liked by peers ☐ Is well liked by teachers and other adults ☐ Is bullied by others
☐ Is considerate of others ☐ Is considered mature for age ☐ Is considered immature for age
☐ Other

Nick Cutler Adolescents & Family Therapy, LLC

Credit Card/Payment information

Client Legal Name: _____

Client Date of Birth: _____

Primary Care Physician: _____ Phone: _____

Credit Card:

Number _____ Security Code _____

Name on Card _____ Expiration _____

Billing Address _____

Signature: _____ Date _____

Printed Name: _____

Relationship to Client: _____