

11) What results are you looking for?

12) Please describe current behavior:

13) How long has this behavior persisted?

14) Does your child have any legal issues?

15) Significant trauma: (i.e. divorce, adoption, death of a loved one, etc.)

16) Medical and Psychiatric History:

17) Current medications:

18) Behavioral History:

- Running away
- Arson
- Eating disorder
- Sexual activity
- Truancy
- Drugs/alcohol-type/frequency: _____

- Self-abusive behaviors-explain: _____

- Sexual/ physical abuse-explain: _____

- Suicide discussion/ threat/ attempt: _____
- Assaultive/aggressive
- Cruelty to animals

* If possible, please provide the following information (covering the last four years):
School transcripts, academic/ school testing, psychological / educational evaluations.

Please note any other information that you think is relevant. If you need more space, please use another piece of paper. **Before our first visit, fax me this information at (913) 381-3042.**