



**HEALING
BEAR**
WELLNESS

Healing Bear Wellness
Heather Bair, M.A.
308 E. Simpson St. #100
Lafayette CO 80026
(512) 740-4621
bairheatherm@gmail.com

Confidential Client Information (Child)

I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Child's complete name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Email: _____

Home phone: _____ Daytime number: _____

How did you hear about Healing Bear Wellness LLC? _____

Child's Age: _____ Birthdate: _____ Birthplace: _____

Education (current grade): _____

Person to alert in the event of medical emergency: _____

Relationship to child: _____ Phone: _____

Family Doctor: _____ Phone: _____

Your relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's name: _____ Age: ____ Yrs in relationship: ____

Children (gender, age): _____

Who does child/children live with: _____

Please describe any significant current or past medical problems for your child:

Please list any medications your child currently takes. Include prescription and over-the-counter medications and the dosage of each.

Has your child had previous psychological care or counseling? _____ Yes ____ No

If yes, please give the name of the clinician(s), the months of treatment (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Has your child ever been hospitalized for a psychological difficulty? __ Yes ____ No

If yes, please give the dates and the nature of the difficulty at the time:

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

Therapy can be a powerful force for change. In order for it to be most effective, it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. We can discuss this further in our first session. Feel free to list more than one goal if you wish.
