

Paul J. Mullen, Psy.D.
Licensed Clinical Psychologist
New Client Information Form



Prior to our meeting, I ask that you take a few moments to compile some information. Having done so ahead of time will allow us more time during our session to get to know each other and talk about what is going on. It may also help you prepare for the appointment, organizing your thoughts about the hopes you have for your child. Know that the information is for my background knowledge only, it does not constitute your consent for services, nor your consent to release information any further. I look forward to meeting you.

Child's Name: _____

Child's Age: _____

Nickname, if any: _____

Siblings (Name, age): _____

Parents (please include step-parents and significant others as well):

School/Grade/Teacher's Name: _____

Has your child experienced any of the following problems at school?

- Emotional Poor grades Detention Behavior problems
 Fighting Lack of friends Drug/alcohol Poor attendance
 Suspension Bullying Learning disabilities Incomplete homework

Please describe your child's developmental milestones by rating him/her on each of the following:

My child first smiled...

- Earlier than expected As expected Later than expected

My child sat up without support...

- Earlier than expected As expected Later than expected

My child stood for the first time...

- Earlier than expected As expected Later than expected

My child walked...

- Earlier than expected As expected Later than expected

My child fed himself/herself...

- Earlier than expected As expected Later than expected

My child said his/her first word...

- Earlier than expected As expected Later than expected

My child first spoke in phrases...

- Earlier than expected As expected Later than expected

My child potty trained...

- Earlier than expected As expected Later than expected

My child dressed himself/herself...

- Earlier than expected As expected Later than expected

Significant events in family history (family changes, moves, losses, etc.) :

Does your child currently take any medications? If so, please indicate name and dosage.

What brings you and your child to the office?

How long has the problem been occurring? _____

Has your child received counseling or psychological services for this or any other problem before? If so, please include that information here. Provide the name of the clinician, approximate dates of treatment, and number of sessions.

Please describe what you see as your child's main strengths.

Please describe what you see as your child's most significant challenges.

What are some of your child's favorite activities?

Please describe your child's interactions with other children.

What are your family's strengths and weaknesses?

What are you hoping to accomplish in treatment?

Oftentimes the experiences of extended family members provide information and insight into what may be going on with a child. Please share any pertinent extended family history that may be relevant to your child's current experience. Include significant life events, diagnoses, etc. of aunts, uncles, grandparents, and so on.

Please use the space below to note anything else you feel I should know in helping your child/adolescent.

Thank-you for taking the time to provide this information. Please bring this completed form along with you when you visit the office. I look forward to meeting with you.

Dr. Paul