

Reason? _____

Prescribed any medications? ____ If yes, what medications? _____

Results? _____

Please state in a few words your reason for bringing your child to see a counselor at this time. _____

What have you been told is your child's main problem or diagnosis? _____

School your child attends: _____ Grade: ____ Teacher: _____

Describe any specific problems at school? _____

Signature of Parent or Guardian filling out form

Date
Revised 11/09