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PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.

Identifying information:

Child's Name:

Address:

Date of Birth: _____ Age: _____

Gender: _____

Family Information:

Parent 1: _____ Occupation

Best contact #: _____ OK to leave a message at this number?
yes no

Parent 2: _____ Occupation

Best contact #: _____ OK to leave a message at this number?
yes no

Living situation (are parents together? If not, what is the visitation plan?)

Is it okay to leave a message at this number? Yes _____ No _____

Siblings (names & ages):



Others living in household: _____

Emergency Contact Information:

Name: _____

Phone: _____

Relationship to client or family: _____

Referral Source?: _____

May I thank them? Yes _____ No _____

School Information:

School: _____ Grade: _____

Does your child receive Special Education Services at school? (if yes, please explain):

Are there any current legal issues or restraining orders related to the client?

Yes _____ No _____ If yes, please explain:

Is there a current or past history of involvement with Division of Child Protection & Permanency?



Yes _____ No _____ If yes, please explain:

DCP&P Case Manager: _____ phone

#: _____

Medical Information:

Pediatrician:

Please list any other health care providers involved in your child's care:

Does your child take any medication regularly? (If yes, please list):

Please list any past or current medical conditions including past surgeries or hospitalizations:

Has the client ever been hospitalized for any reason related to mental health?: Yes _____ No _____

Has the client been in counseling previously? Yes _____ No _____

If yes, please indicate previous counseling services and approximate dates:



Please list and describe any family history of mental illness or drug addiction:

In order to better understand the needs of your child, please respond to the following questions:

What are the specific concerns that lead to your bringing your child for therapy?

What are your child's strengths and interests?

Has the client or family experienced any major life changes lately? (circle all that apply)

Move/relocation, change of school, unemployment/financial problems, separation or divorce, catastrophic illness of important person in your lives, death or serious illness of a significant person, or other trauma.

Please explain:

Does your child currently exhibit any of the following behaviors? (circle any that apply)



Depression or Sadness, Anger, Frustration, Easily Agitated or Annoyed, Defiant, Poor Self-Esteem, Anxiety or Panic, Bedwetting, Phobias, Aggression, Isolation or Social Withdrawal, Delusions or Hallucinations, Drug and/or Alcohol Use

Please explain:

Has the client ever experienced or engaged in the following behaviors? (circle any that apply)

Reported suicidal thoughts, attempted suicide, engaged in self-injurious behavior (such as cutting), been a victim of or witnessed sexual abuse, been a victim of or witnessed domestic violence

If relevant, please explain below:

Is there any additional information that you feel is important to share at this time?

Responsible Party:

Please complete the following information regarding the person who is financially responsible for this account. (If the client is a minor, the parent bringing the child in for services is considered the responsible party).

Name of responsible party: _____

Relationship to client: _____

Address (if different from address listed above):

City: _____ State: _____

Zip: _____



Thank you for taking the time to complete this form.