

CHILD BIOGRAPHICAL INFORMATION FORM

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Please fill out this biographical form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Disclosure Form. If you wish not to answer any question, merely write "Do not care to answer." Please write clearly and bring this form to the first session.

Date _____

Name _____ Age _____ Birthdate ____/____/____

Address _____

Phone numbers (h) _____ (w) _____ (c) _____

E-mail address _____

Is this child a Medicaid client?: _____

Mothers name _____ Age _____

Occupation _____

Address _____

Phone numbers (h) _____ (w) _____ (c) _____ Can I text this number? _____

E-mail address _____

Brief statement on relationship with this parent _____

Father's name _____ Age _____

Address _____

Occupation _____

Phone numbers (h) _____ (w) _____ (c) _____ Can I text this number? _____

E-mail address _____

Brief statement on relationship with this parent _____

Step Parents or Gradparents names & relationship explanation:

Who to call in case of emergency: _____ phone _____

Marital status of parents _____

Marriage/divorce dates _____

Siblings (names/ages & brief statement of relationship with each person)

1. _____

2. _____

3. _____

Deceased family members or significant others, dates and relationship with this person (including pets):

Is there a family history of substance abuse, mental illness, eating disorders, or violence?

Medical doctor's (name /phone): _____

Any past/present medical care that would be helpful for me to know about:

Do you have any allergies? _____ What types? _____

Are you currently or have you ever been on Medication? _____

If yes, please list the medication(s) and the reason: _____

Mother's Childbirth Experience _____

How often do you: Drink Alcohol _____ Smoke _____ Rec Drugs _____ Casual Sex _____

Gambling _____ Other addictive behaviors(please specify) _____

Have you ever been treated for substance abuse or other addictive behaviors? _____

Have you ever considered or attempted suicide? _____ Did you have a plan? _____

Do you feel suicidal now? _____

Have you ever been hospitalized for depression or other emotional distress? Please describe:

Do you ever (or have you ever) heard voices/noises, seen people/things, or felt sensations/experiences others couldn't hear, see, or experience? If so please describe: _____

Were there any events or accidents in your life that you feel were traumatic?

Do you now, or have you ever had an eating disorder or body image challenge? Describe:

Have you been in psychotherapy before? _____

What was/was not beneficial? _____

Please state briefly your reasons for seeking therapy at this time. List your specific concerns:

What are your goals for therapy?

What are your fears?

What are your strengths?

What is your experience with art materials and how do you feel about making art?

Current Symptoms

Please check any of the following which have been problems in the last few months:

Body:

weight loss/gain
 headaches
 appetite loss/gain
 fatigue
 increased energy
 stomach trouble
 dizziness
 relaxation
 bowel/urinary problems
 genital problems
 insomnia
 tension/stress reactions
 Other, explain _____

Emotions:

anger
 anxiety
 depression
 shyness
 nervousness
 grieving/sadness
 unhappiness
 inferior feelings
 temper control
 fears
 nightmares
 loneliness
 Other, explain _____

Mental:

making decisions
 suicidal thoughts
 invasive thoughts
 parents' divorce/separation
 parents' marital problems
 family finance problems
 sibling problems
 school problems
 concentration
 legal problems
 memory
 education problems
 Other, explain _____

Interest/Social Inventory

What are your interest/hobbies? _____

Favorite sports? _____

Leisure time activities? _____

Religious/spiritual beliefs? _____

Hero/role models _____

Favorite toys _____

Like playing alone or with others? _____

How well do you get along with others? _____

What are your favorite things to play? _____

Favorite TVshows/movies _____

Favorite books/songs _____

Favorite people _____

Been exposed to art materials? _____

Favorite art materials _____

What are your strengths and assets? _____

What else would you like me to know about you? _____

Thank you for taking the time to fill out this form.
