

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 _____

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.
