

Kate King, MA, ATR, LPC
Kate King Art Therapy & Psychotherapy, LLC
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CHILD BIOGRAPHICAL INFORMATION FORM

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) _____

E-mail address _____

Brief statement on relationship with this parent _____

Father's name _____ Age _____

Address _____

Occupation _____

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

E-mail address _____

Brief statement on relationship with this parent _____

Who to call in case of emergency: _____ phone _____

Marital status of parents _____

Marriage/divorce dates _____

Siblings (names/ages & brief statement of relationship with this 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 doctors (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?

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

Signatures

Print Client Name	Client Signature	Guardian Signature	Date

CCredit Card Information

Name on Card: _____ Card #: _____

Expiration Date: _____ 3 Digit Code on Back of Card: _____ Billing Zip Code: _____

Kate King Art Therapy & Psychotherapy, LLC accepts all credit cards, and will never bill your card without your consent. Credit cards are kept on file for easy billing, and for charges for missed sessions (see cancelation policy on disclosure form). Payment by credit card is optional, and a \$3 processing fee will be charged for each credit card transaction.