

Word of Hope Ministries
Personal Data Inventory for Minors age 12 and under

Today's Date _____

Parents, please fill out the following for your child:

Child's Name _____ Age _____ DOB _____

Parents names: Mom _____ Dad _____

Stepmom _____ Stepdad _____

The child's siblings names/ages:

Full Address: _____

Primary Phone# _____

Email address _____

Parent's Occupation(s) _____

Do you agree to wait outside of our office during the counseling session, in plain view of our front windows? YES NO

Are you and the child's other parent currently married and living together? If not, what is your situation? Explain:

Who is your child's physician? _____

Is your child in good health? If not, explain:

What medications is your child taking?

Has your child received any other counseling? Where?

Is your child currently seeing another counselor? Who?

What grade is your child in, and at what school?

How are they doing in school in general?

Does your child have learning challenges? Explain:

What church do you and your child attend?

What church activities is your child involved in?

Please describe what brings you for counseling at this time:

What are your goals and hopes for this counseling?

How have you tried to help your child with the current struggles?

Please briefly describe your child (shy, outgoing, sensitive, kind, a bully, anxious, unhappy, obedient, etc...use whatever words fit your description):

Is there a history of mental illness in your family? Explain:

What are some of your child's interests?

Is there anything else you think we should know? Explain: