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Thank you very much for taking the time to complete this form as thoroughly as you can. Please feel free to ask me any questions as they arise. Completing this form is a time-efficient way of enabling us to begin our interactive work as quickly as possible, while also providing me with needed information. I understand it is not possible to include everything of relevance on a form, no matter how detailed, so please feel free to mark any items with an asterisk that you feel need more elaboration or you have questions about. If there are items you prefer not to answer, we can discuss them together. Thank you very much!

Patient Name: _____ Preferred Name: _____

Patient's Date of Birth: _____ Current Age: _____

Gender: _____

Any notes/observations re: gender expression: _____

Grade: _____ School: _____

Home Address: _____

Home Phone: _____ Cell: _____

Parent Email: _____

Email for Youth (if over 16): _____

Parent: What number do you prefer that I use if I need to contact you? _____

Name of Person Completing this form : _____

Relationship to Patient _____

May I ask how you were referred to me? _____

Do I have your permission to thank them? _____

What is it that brings you here today?

When did this issue begin? _____

What have you tried to cope with this so far?

Has your child consulted a therapist in the past? _____

When was this? _____ For how long? _____

Who did you see? _____

For what concerns? _____

Was there a diagnosis? _____

If yes, what was that? _____

How helpful was this?: _____

What was the outcome of that therapeutic relationship?

Please list any medications your child was prescribed and indicate if they are being taken now or in the past:

Please list any medications your child is taking on a regular basis?

Does your child have any medical conditions that require on-going consultation:

If so, please explain:

Has your child ever had surgery-if so, please describe the circumstance:

Does your child have any phobias or fears that seem irrational to you or others?

Parent's marital status (please circle one) :

Never Married Married Divorced Separated (how long) Widowed (how long)

Never Married but Cohabitate Cohabiting with non-parent- name _____

Child's address: _____

Is this home the same as parents? If not, please list parent(s) address (es)

If parents do not live together, please describe the custody and/or guardianship and and visitation arrangement:

How is this arrangement working out?

Who else lives in the home- name, age, grade if relevant, and relationship to child:

Mother's Occupation:

Highest level of education:

Mother's Age:

Age at birth:

Names and ages of other children:

Father's Occupation:

Highest level of education:

Father's Current Age:

Age at birth:

Names and ages of other children:

If child lives with caregivers other than parents, please provide names, ages and contact information:

Language spoken in the home:

What comments do you generally hear about your child at parent conferences?

Relationship with teachers?

How would you describe your child's social relationships?

Relationships with siblings?

Relationship with Mom ?

Relationship with Dad?

Relationship with siblings?

Relationship with other significant caregivers?

How would you describe the relationship between mom and dad?

Relationship with any step or half sibs:

Relationship with step-parents:

What are your child's grades in general, and where do you see his/her strengths and relative weaknesses?

Has your child ever been retained in school?

Suspended ? If yes, please describe the situation:

Expelled? If yes, please describe the situation:

Any involvement with the legal system?

Relationship with any other significant family members (i.e., grandparents, aunt/uncles, cousins, etc;):

What does your child do for fun?

Teams/Clubs/Sports/Volunteer work/Job?

Feelings about school and academic subjects:

Attitude towards homework and tests?

Has your child ever been tested for special placement in school (examples- GT, LD, an IEP or 504 plan?, etc;? If so, when was this and what was the outcome?

What does your do that makes you smile?

What is difficult for your child?

How would you describe your child's sense of humor?

How does your child handle frustration and disappointment?

How does your child handle anger and frustration?

Are there any firearms or other weapons in the home?

What is a typical day like for your child?

What concerns you most about your child?

Has your child ever expressed suicidal ideation or made any suicidal attempts?

How were these addressed?

Has anyone in the family been hospitalized for mental health issues?

Are there concerns with weight?

Are there issues with anxiety, phobias, and fears or excessive worry?

Do you have any concerns about your child and drug/alcohol use?

What is the current amount/frequency/type of drug and alcohol use of others in the home?

Is there any family history of mental health concerns (depression, anxiety, autism spectrum, bipolar disorder, ADHD, phobias, addiction, schizophrenia, etc;)

Is anyone else in the family in therapy, or have they been in the past? If so, please describe the circumstances and outcome:

Please describe your child during infancy and early childhood and indicate if there were any concerns regarding toilet training, speaking, smiling at others, affection, sitting, walking, reaching developmental milestones, etc;

Did mom or dad use tobacco, alcohol, and/or drugs during pregnancy? If yes, please specify

Any difficulties during pregnancy or delivery?

Were there any medical problems immediately after pregnancy?

Please tell me anything else that you think would be of help in my understanding of your child and family's concerns. Other comments:

~Thank you very much~