

JOHNSON
COUNTY

**MENTAL
HEALTH
CENTER**

Suite 130
6000 Lamar Ave.
Mission, KS 66202
(913) 831-2550

NORTHEAST—
Suite 130
6000 Lamar Ave.
Mission, KS 66202
831-2550

SOUTHWEST —
1125 W. Spruce
Olathe, KS 66061
782-2100 (V/TDD)

CHILD INFORMATION RECORD

(age 17 and younger)

Dear Parent:

When a child or teenager is having difficulties, and there is a possibility that therapy or counseling may be needed, parents and other family members often become embarrassed, frustrated, and worried. As parents, it is natural for us to wonder – Is this just a phase? Is it my fault? Am I doing something wrong? What can I do to help? We do not always remember that fixing blame on ourselves, or other people, or circumstances will not bring about the results we want.

The staff who work with children and their families at the Mental Health Center can be an important resource when these difficulties arise. The information you provide on the next three pages will help us work with you and your child. Your therapist will be able to use the information to prepare for your visit and, by taking care of most of the needed paperwork in advance, you will not have to spend much time when you come for your appointment filling out forms.

Please answer all of the questions, add any comments you think might be helpful, and return this to us as quickly as possible. **We will keep all information in strict confidence.**

Sincerely,

Ronald D. McNish, Ph.D.

Ronald D. McNish, Ph.D.
Director of Clinical Services

If you need help with this form, please call the Mental Health Center for assistance.

Johnson County Mental Health Center does not discriminate on the basis of race, color, national origin, sex, religion, age, and handicapped status in employment or the provision of services.

Individuals who need auxiliary aids for effective communication or who have other special needs are encouraged to notify the Mental Health Center of their requirements.

Confidential Information

Today's Date: _____

Name of Child _____ Age ____ Sex ____ Birthdate _____ Natural Adopted

Address _____ Street _____ City _____ Zip Code _____ Home Phone _____

Name of person completing form _____ Relationship to child _____

What is the highest grade child has completed? _____ Child's Social Security # _____

Has child received special education in school? _____ If yes, what type? _____

What is your child's race? Check all that apply: White Black/African American North/South American Indian Asian Pacific Islander Other

Is your child of Latin or Hispanic ethnicity? Yes No

Does child have a disability? _____ If yes, what is the disability? _____

Does child have SRS medical coverage? _____

Please list all other children in the family and give related information.

Name	Birthdate	Years of Education	Where Living?

Have any of the children received mental health care? Please indicate which child received treatment, where, and when.

If someone referred you to us or helped you decide to seek counseling for your child, please give his or her relationship to child.

_____ If you are self-referred, how did you learn about the Mental Health Center? _____

Which of your child's behaviors are **you** most concerned about? _____

How long have you been concerned about your child? _____

If there is a recent event or incident that had something to do with your seeking help at this time, please describe. _____

If child is currently involved with legal authorities, please explain. _____

School

Name of School _____ City _____

Present grade _____ Teacher _____ Principal _____

Has the child been learning at an: average, slow, fast, rate?

Is there any difficulty with reading? Yes No

Most grades are: A B C D F

Has there ever been a dramatic change in the child's school performance? Yes No

Describe _____

What school problems is the child experiencing? _____

Does your child have close friends? _____

Have you consulted with anyone at the school about these problems? _____

Behavior Toward Parents:

Does child express anger towards parents? Yes No How? _____

Has the child criticized the behavior of mother father ?

How would you rate the relationship you have with your child? Poor Good Close Distant

What changes, if any, have taken place in this relationship recently? _____

What methods of discipline are you currently using? _____

What methods have you tried in the past and found to be effective? _____

What methods have been ineffective? _____

Family Life:

To whom in the family is the child closest? _____

With whom in the family does the child have the most conflict? _____

What do you consider to be your child's strengths? _____

What do you consider to be your child's weaknesses? _____

What stresses have been present in the last year? (example: change in schools, birth of sibling, etc.) _____
