

Heather Christensen, LCSW, RPT, LCADC  
22 East Quackenbush Avenue, 3<sup>rd</sup> Floor  
Dumont, New Jersey 07628  
(201) 527-5305  
[hchristensenlcsw@verizon.net](mailto:hchristensenlcsw@verizon.net)  
Tell me about your child.....

Date\_\_\_\_\_Referral Source\_\_\_\_\_

Child's Name:\_\_\_\_\_DOB\_\_\_\_\_

Address\_\_\_\_\_

Parent/Guardian\_\_\_\_\_Relation to child\_\_\_\_\_

Best phone number to reach you\_\_\_\_\_

What are your concerns regarding your child?

Describe child's relationship with mother:

Describe child's relationship with father:

Describe child's relationship with siblings:

Any other important relationships:

Page 2 of 2

Child's Name\_\_\_\_\_

Describe your child's overall educational experience:

Describe your child's relationship with peers:

What are your child's interests, hobbies, personal strengths and special skills?

Are there any medical (including medication) or developmental issues that I should be aware of?

Are there any previous evaluations (psychological, psychiatric, neurological) or mental health treatment?

What else do I need to know to help your child?