



Texas Child Study Center
PATIENT INFORMATION
PATIENT Psychology Supplemental Form: Dr. Black

Today's date Name Preferred name
DOB Sex assigned at birth: Female Male Gender Identity: Female Male
Other Preferred pronouns Parent/caregiver aware Yes No

CURRENT CONCERNS

Briefly, please describe your concerns and/or reasons you are seeking services with Dr. Black:

Four horizontal lines for writing concerns.

When did you first start experiencing these concerns/issues?

How often do these concerns/issues occur?

How long do they last?

How do they get in the way of you living your best life?

Two horizontal lines for writing answers.

BEHAVIOR AND DISCIPLINE

Please describe any concerns at home and/or at school or with peers:

Two horizontal lines for writing concerns.

Who ordinarily provides discipline to your child?

Please check the types of discipline used with your child:

- Verbal reprimands, Time out, Ignoring your child's behavior, Reasoning, Sending child to room, Removal of privileges, Physical punishment, Other.

Which forms of discipline have proven to be the most effective?

How often do you need to implement discipline?

PERSONAL/SOCIAL

How many friends/acquaintances does your child have? A best friend? Yes No

Any concerns about alcohol or substance use: Yes No Uncertain N/A



Is your child permitted to date: Yes No N/A

Currently dating/in a relationship: Yes No N/A Uncertain

Sexual orientation (if known) Heterosexual Gay/Lesbian Bisexual Questioning N/A

How easily does your child make friends?

Better than average Average Worse than average

Does your child have problems keeping friends? Yes No

Are there any problems with bullying or teasing? Yes No

History of trauma? Yes (please provide details below if yes) No Uncertain

MEDICAL HISTORY NOT LISTED IN GENERAL INTAKE:

Additional information: _____

CURRENT MEDICAL PROVIDERS (Name/Specialty)

OTHER INFORMATION

What are your child's strengths?

What are your family's strengths?

What would be most helpful in building a strong alliance with your child?

PLEASE REMEMBER TO BRING THE FOLLOWING ITEMS TO THE INTAKE (IF APPLICABLE):

- 1) Divorce decree
- 2) Previous reports (i.e., neuropsychological, educational, emotional, speech/language)