

Jessica Purtan Harrell, Ph.D.

Licensed Clinical Psychologist

33493 W. 14 mile Rd. Suite 130 Farmington Hills, mi 48331

Phone: (248)767-5985 Fax: (248) 592-1378

Client Information and Background Form:

Date: _____

Child's name: Last: _____ First _____

Date of Birth: _____

Home Address: _____

Contact Information:

Mother:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

May I leave a message at these numbers and/or email address? Yes _____ No _____

If no, please indicate where I may leave a message _____

Father:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

May I leave a message at these numbers and/or email address? Yes _____ No _____

If no, please indicate where I may leave a message _____

Referral source: _____

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Demographic Information:

Parents' Marital Status: Single _____ Married _____ Divorced _____

Living Together _____ Widowed _____

Mother's Employment: Full-time _____ Part-time _____ Homemaker _____

Employer: _____

Occupation: _____

Length of employment: _____

Highest degree earned: _____

Father's Employment: Full-time _____ Part-time _____ Homemaker _____

Employer: _____

Occupation: _____

Length of employment: _____

Highest degree earned: _____

School Information:

School _____ District _____

Current Grade _____ Teacher/Counselor _____

Has your child ever repeated a grade? _____ If yes, which grade? _____

Has your child ever received Special Education services? _____

If yes, when and what type of services is he/she certified to receive? _____

_____ Date of last IEP _____

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Pregnancy:

Height and weight at birth _____ Full-term? _____

Were there any complications or problems? _____

Personality/temperament as a baby _____

Did your child reach all developmental milestones on time? _____

History of eating problems? _____

History of sleeping problems? _____

History of speech/language problems? _____

Health/Medical History:

Current medical conditions: No _____ Yes (what/when) _____

Surgeries/Serious accidents: No _____ Yes (what/when) _____

Has your child ever had a seizure? No _____ Yes _____

Does your child follow a special diet? No _____ Yes _____

Does your child smoke cigarettes? No _____ Yes _____

Does your child drink alcohol? No _____ Yes _____

Does your child use drugs? No _____ Yes _____

Has your child ever been arrested? No _____ Yes _____

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Is your child currently being treated by a psychiatrist? No _____ Yes _____

Name of psychiatrist _____ Phone _____

Please list all medications your child is currently taking:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Previous Psychological Treatment: None _____ Yes _____ (see below)

Outpatient therapy:

Therapist: _____ When: _____

Reason for treatment: _____

Therapist: _____ When: _____

Reason for treatment: _____

Inpatient therapy (including substance abuse):

Where: _____ When: _____

Reason for admission: _____

Please list all family members and persons living with your child:

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

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Other family members NOT living with your child:

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

Family History of Psychiatric Illness and/or Substance Abuse:

Mother: _____ Father: _____

Siblings: _____ Other: _____

Other:

What approaches to discipline do you typically use? _____

Please list hobbies, sports, recreational activities and special skills or talents: _____

Please list specific concerns that you wish to address in the initial intake evaluation and any goals you have for your child in therapy: _____

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Problem Behaviors:

- Worries
- Fears
- Obsessive Thoughts
- Compulsive Behavior
- Nightmares/Night Terrors
- Won't Sleep Alone
- Insomnia
- Misses School Due to Illness
- Skips School
- Runs Away
- Legal Problems
- Tantrums/Outbursts
- Bullies
- Defiant/Oppositional
- Argues
- Fights
- Lies
- Sets Fires
- Destroys Property
- Reckless/Careless
- Disruptive
- Messy
- Accident Prone
- Short Attention Span
- Distractible
- Impulsive
- Hyperactive
- Poor Schoolwork
- Cruel to Animals
- Mood Swings
- Sadness Depression
- Crying Spells
- Irritable
- Withdrawn
- Boredom