



Beth Powell's
In-Family Services
Trauma-Informed Psychotherapy,
Licensed Clinical Social Work and Neuro-Behavioral Education

CHILDREN'S REGISTRATION FORM

Date _____ Form completed by _____

Child's Information:

Child's Name _____ D.O.B _____ Age ____ Sex ____

Race _____ Height _____ Weight _____

Current physical health problems/diagnoses _____

Past physical health problems/diagnoses _____

Current medications for physical health _____

Current mental health diagnoses _____

Past mental health diagnoses _____

Current medications for mental health problems _____

Current Allergies _____

Primary Caregivers' Information

Name Age Occupation

Name Age Occupation

Family information

Other caregivers (daycare, family members, etc.) _____

Spiritual affiliation of family _____

Others living at home:

Name Sex Age Relationship to Child

Lucy (Beth) Powell, LCSW

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Child's History

What is child's relationship to caregiver? Birth child, adopted, step child, grandchild, etc. _____

If adopted, how many prior placements? _____

How old was the child when the child came to live with you? _____

History of abuse, neglect, trauma or significant separations _____

Child's Current Developmental Functioning

Gross motor functioning and difficulties _____

Fine motor functioning and difficulties _____

Language functioning and difficulties _____

Intellectual functioning and difficulties _____

Sensory processing Issues _____

Fetal alcohol or drug affected? _____

Has child had any head injuries? _____

Encopretic (soils self) _____ Enuretic _____ (wets self)

What therapies is child currently undergoing?

What therapies for above conditions has child undergone before?

Please describe areas of concern for which you are seeking treatment.

Note: Please attach summaries of prior assessments relevant to this evaluation; attach any legal histories (arrests); attach any information regarding prior drug/alcohol/nicotine abuse.

School Information

School and School District _____

Grade _____

Any academic learning problems?

