

Ana V. Cofresi, PH.D., HSPP
INFORMATION
(For Child)

Child's Name: _____ Birthdate: _____
Address: _____ Age: _____
City: _____ Birthplace: _____
Zip: _____
Home Phone: _____
Parent(s) Cell/Work phones: _____ E-mail(s): _____
School: _____ Grade: _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD:

Occupation/Grade

| | | | |
|------------|--------------------|-----------|-------|
| Name _____ | Relationship _____ | Age _____ | _____ |
| Name _____ | Relationship _____ | Age _____ | _____ |
| Name _____ | Relationship _____ | Age _____ | _____ |
| Name _____ | Relationship _____ | Age _____ | _____ |
| Name _____ | Relationship _____ | Age _____ | _____ |

MEDICAL HISTORY:

Primary Physician _____

Health Problems _____

Medications Taken (include purpose and doses) _____

PRIOR COUNSELING:

Dates of Service _____ Therapist(s) _____

Purpose of counseling _____

THERAPY GOALS: _____

Referred By _____