475 Providence Main St. Suite 303-I
Huntsville, AL 35806
(256) 655-6762
christie@footstepscounseling.net

Christie Widger, MS, LPC, NCC

CLIENT INFORMATION

Today's Date: ___________

Client's Name: ______________________________ Date of Birth: _______________ Age: ___________
Mother's Name: ______________________________ Father's Name: ______________________________
With whom does the child live: __________________ Is this the legal guardian: _____ yes _____ no

Address: ____ City: _______________ State: ______ Zip code: ________
May I send mail to this address: ____yes ____no
Home phone: ____________________ Cell phone: ____________________ Work phone: ____________________
May I call and/or leave messages at these number: ____yes ____no If no, specify restrictions:__________________
Email address: ______________________________________May I send emails to this address: ____yes ____no

Has the child and/or family ever been in counseling previously? ______ yes ______ no

How were you referred to Footsteps Counseling? Please circle:
Physician Friend Yellow Pages WAY-FM Footsteps Website Internet Insurance Co. Other

Who should be contacted in case of an emergency? Name: ____
Relationship: _______________ Home#: _________________ Cell#: ____________ Work#:________________

How do you plan to pay for services? ______Pay out of Pocket ______Insurance benefits

INSURANCE INFORMATION

Insurance Company: ___________________________________ Insurance phone: ____________________________
Contract #: ____ Group #: ______________
Name of Policy Holder: _________________________ Date of birth: __________ Employer: __________________
Policy Holder's Address: ____
Client's Relationship to Insured: _____________________ Co-pay: _________ Unmet deductible: __________

COUNSELING AGREEMENT & CONSENT FOR TREATMENT

My signature below indicates my understanding and agreement of the following:

**I have received a copy of the *Information for New Clients* and *Notice of Privacy Practices*. I agree to abide by all policies stated therein. I agree not to voluntarily involve Christie Widger in any legal matters or proceedings.

**All fees are due at the time of service. I am responsible for late cancellation and no-show fees if I do not provide a 24 hour notice by phone.

**If using insurance, I authorize Christie Widger to release information related to my care including financial and medical data to my insurance company or any organization contracting with my insurance company that may be necessary now or in the future for purposes of treatment, payment, or healthcare operations. I understand that a mental health diagnosis will be submitted to my insurance company. I am responsible for my co-pay, unmet deductibles, fees for services not covered by insurance and all fees that are not paid by my insurance company for any reason for more than 90 days.

**Christie Widger does not provide 24-hour assistance. In the event of an emergency, I have been advised to seek help immediately by calling 911 or going to the nearest Emergency Room. I authorize Christie Widger to contact my Emergency Contact listed above if needed.

**I agree to enter therapy and give my consent to Christie Widger to provide my child with counseling services.

______________________________ ___________ ______________________________ ___________
Parent/Guardian's Signature Date Client's Signature (14 & older) Date

HEALTH
Current health conditions: ___________________________ Previous health conditions: ______________________
Current medications: ____
Is there a family history of mental health concerns? ____yes ____no
Check any of the following that your child has used or is using: _____Alcohol ____Drugs ____Tobacco

Check any of the following that your child has experienced:
_______ Birth complications/premature birth _______Separation from parents _______ Head injury
_______ Hearing or sight problems _______ Loss of consciousness _______ Seizures
_______ Delays in walking, talking or potty training

FAMILY
Is the child adopted: ______yes _______no
Marital status of child's parents: _____married _____separated _____divorced _____never married
If divorced, age of child at time of the divorce: _________
Name and ages of siblings: ____

SCHOOL
School: _________________________________ Grade: ____________
Describe any learning disabilities: ____
Has the child ever repeated a grade: _____ yes _____no If yes, which one:________________
Describe grades/academic performance: _____below average ______average ______above average
Have grades changed recently: _____yes _____no

Has the child experienced any of the following school problems within the past year:
_____ School refusal/truancy ______ Conflict with teachers or peers _______ Behavior problems
_____ Expulsions _______Suspensions/In-school suspensions ______ Not completing/turning in homework

ISSUES
Has the child ever:

Attempted suicide: ______yes ______no If yes, when: ____________________
Made statements of wanting to hurt him/herself: ______yes ______no
Purposely hurt him/herself (cutting, etc): ______yes ______no
Reported hallucinations (auditory or visual): ______never ______currently _______past
Experienced abuse? _____physical ____sexual ______emotional _____never _____not sure
Experienced or witnessed a traumatic event? ______yes ______no
Experienced a significant loss (death of loved one or pet, divorce, separation from parent, a move):___yes ___no

Please check the items your child may have experienced within the past 4 months:

_____ Appetite Disturbances
  _____ eating less or more
  _____ binging or purging
_____ Seems sad
_____ Cries easily or often
_____ Moody
_____ Worries
_____ Panic attacks
_____ Angry, irritable or loses temper easily
_____ Difficulty making or keeping friends
_____ Complains often
_____ Frequent physical complaints (head/stomach)
_____Talks about death
_____ Criticizes self/low self esteem
_____Inattentive or poor concentration
_____Impulsive/acts without thinking
_____Disorganized or forgetful

_____ Sleep Disturbances
  _____ trouble falling of staying asleep
  _____ nightmares
_____Loss of interest in activities or relationships
_____Isolates or likes to be alone
_____ Feels guilty or ashamed
_____Doesn't accept responsibility/blames others
_____ Fearful
_____ Physically aggressive to people or property
_____ Is often drowsy or sluggish
_____ Easily frustrated
_____ Criticizes others or is rude to others
_____Wets bed or soils clothes
_____ Talks back to parents or authority figures
_____ Does not complete tasks
_____ Hyperactive/ “on the go”/fidgets
_____ Talks excessively

_____Interrupts
_____Defiant behavior
_____ Cruel to animals
_____ Lies often
_____ Is teased or bullied
_____ Repetitive or excessive behaviors
_____ Sensitive/feelings hurt easily
_____ Conflicts with teachers, peers or co-workers
_____ Conflicts with parents or family members
_____ Perfectionism
_____Steals
_____ Acts inappropriately or immature for age
_____ Easily distracted
_____ Lack of remorse for actions
_____ Manipulative or spiteful
_____ Teases or bullies others
_____ Self-destructive behaviors
_____ Craves attention or is jealous
_____ Preoccupied with looks/body image
_____ Hoards things or hides food
_____ Inappropriate sexual behavior
_____ Does not recognize danger