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CHILD/YOUTH QUESTIONNAIRE

Youth's name: _____ Today's date: _____

Parents/Guardians: _____

Custody/Parenting Plan? (Please describe & provide copy of plan): _____

Referred by: _____ Youth's birth date: _____ Age: _____

Youth's residential address: _____ City: _____ Zip: _____

Home phone: _____ Is it okay to leave a message at this number? _____

Parent/Guardian work phone: _____ Is it okay to leave a message at this number? _____

Cell phone: _____ Is it okay to leave a message at this number? _____

Emergency contact person(s): _____

Relationship to youth/parent: _____ Phone numbers: _____

Parent/guardian occupation(s): _____ Employer: _____

Insurance (Name, Group #, Individual # etc.): _____

Youth's school: _____ Phone number: _____

Educational or learning concerns? _____

Youth's Physician: _____ Phone Number: _____

Last physical/visit to the doctor: _____

Current health concerns, problems, disabilities, etc.: _____

Current medications, including doses, & dosing directions: _____

Child's Home:

**Names of individuals
Living in child's home**

**Relationship
to child**

Age

Previous Counseling or Psychotherapy:

Mental Health Hospitalizations:

Drug/Alcohol Use:

Inpatient/Outpatient Treatment:

Why are you seeking therapy services at this time?

What are your goals for seeking treatment at this time?

Is there anything else you think I should know as we begin?