

Michelle Witkin, Ph.D.  
Licensed Psychologist #PSY14855  
28494 Westinghouse Place, Suite 203  
Valencia, CA 91355  
661-753-3987

NEW PATIENT INFORMATION (Child/Teen)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name Prefers to be Called By: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian 1 :

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

E-mail address (ONLY if I have permission to contact you here): \_\_\_\_\_

Parent/Guardian 2 :

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

E-mail address (ONLY if I have permission to contact you here): \_\_\_\_\_

Are Parents/Guardians Married/Divorced/Other? \_\_\_\_\_

\*\*\*(PLEASE NOTE: If parents are divorced and share joint **legal** custody, I must have signed consent for treatment from BOTH PARENTS before I can treat the child. In most cases, even if one parent has full physical custody, **both** parents will have **legal** custody.)

With whom does child live?: \_\_\_\_\_

Is Child Biological/Adopted/Other? \_\_\_\_\_

**Siblings:**

Name                      Grade in School                      Age                      Live in the Home (Y/N)?

---

---

---

---

**Who Else Lives in the Home?:**

Name    Age    Relationship

---

---

Is someone other than parent(s) involved with significant care of child? If so, who:

---

Who referred you? \_\_\_\_\_

Why are you seeking treatment at this time?: \_\_\_\_\_

---

---

---

Have you sought treatment for this in the past? If so, were you happy with the child's progress? \_\_\_\_\_

---

Who is the child's pediatrician? \_\_\_\_\_

Address/Phone of pediatrician: \_\_\_\_\_

Approximate date of last physical: \_\_\_\_\_

Is the child currently taking any medications (prescribed or over-the-counter)? If yes, please list:

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>

Who prescribes the medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental History:**

Pregnancy:

Were there any complications with the pregnancy or birth? \_\_\_\_\_  
\_\_\_\_\_

Was the child healthy at birth and in infancy? \_\_\_\_\_

Developmental milestones:

Did child walk, talk and meet other milestones within generally accepted limits? \_\_\_\_\_  
\_\_\_\_\_

Social Development:

Did child make friends easily or with difficulty? (Please describe): \_\_\_\_\_  
\_\_\_\_\_

Does child have at least one or two friends? \_\_\_\_\_

Academic History:

When did child begin school (preschool? Kindergarten? Age?) \_\_\_\_\_

How did child adjust to the academic environment?: \_\_\_\_\_  
\_\_\_\_\_

Please list all schools child has attended with *most recent school first* :

_____	_____
_____	_____
_____	_____

How does the child perform in school, academically?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is the child's behavior at school?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emotional Health History:**

Are any of the following present (or were they present in the past) in the **child** or **family** members (including aunts, uncles, and grandparents on both sides of the family)?

	Please Specify Who
___ Alcohol Use/Abuse	_____
___ Anxiety	_____
___ Autism/Asperger's	_____
___ Bipolar Disorder	_____
___ Cutting/Self Harm	_____
___ Depression	_____
___ Drug Use/Abuse *	_____
___ Fire Setting	_____
___ Hair Pulling	_____
___ Homicide	_____
___ Hospitalization (Mental)	_____
___ Obsessive-compulsive Disorder	_____
___ Panic Attacks	_____
___ Undiagnosed Mental Health Issues	_____
___ Schizophrenia	_____
___ Skin Picking	_____
___ Suicide Attempts/ Completions	_____
___ Other Emotional Issues	_____

\* (including prescription and over-the-counter medications)