

The Self Center

Robert & Joyce Simpson, Family Counseling Professional Corporation

18671 Allegheny Drive • North Tustin, CA 92705 • (714) 997-9600 • Fax: (714) 997-9607

Email: RDSimpson@aol.com

Authorization to Treat a Minor

Minor's Information

Minor's Name: _____ Today's Date: _____

Age: _____ D.O.B. _____ Phone: _____

Minor's Address: _____ City: _____ Zip: _____

Minor's SSN: _____ Grade: _____ School: _____

Teacher's Name: _____

Minor's Physician: _____ Phone: _____

Physician's Address: _____

Parent's Information:

Parent's (legal guardian's) Name: _____

Parent's Address: _____ City: _____ Zip: _____

Parent's Phone: _____ Parent's SSN: _____

I/We, _____, hereby give my/our consent to Robert and/or Joyce Simpson, Licensed Marriage, Family and Child Therapists, to render counseling services and treatment to my child, _____. I/We further authorize The Self Center and Robert and/or Joyce Simpson to obtain and release documents and information to other professionals who may be working with my child.

Signature of Parent/Guardian: _____ Date: _____

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Developmental Questionnaire

Child Name: _____ Today's date: ___/___/___

Child's D.O.B: _____ SS#: _____

Parent's Name: _____ Marital Status: _____

Family Composition: _____

Please answer the following questions in detail. Use as much paper as necessary.

1. From birth to the present, describe your child's developmental history. When did your child crawl, walk, begin to speak, etc.
2. Give a complete medical history, including illnesses, accidents, hospitalizations and surgeries (include dates). Is your child currently in treatment for any medical problem? List all medications and dosage levels your child is currently taking. Has your child ever had therapy or counseling before? If yes, when and with whom?
3. Describe your child's home environment. Who lives with you (names and ages)? Describe any stress that the child or family is coping with. . List any major events/or separations from parents.

(continued on back)

Developmental Questionnaire

