



QC Psychology, PLLC
Provides Testing and Counseling

447 S. Sharon Amity Rd., Suite 140, Charlotte, NC 28211
Office: (704) 900-9143; Fax: (704) 364-6267
www.QCPsychology.com

Child/Adolescent Information Form

Name: _____ Birth date: _____ Age: _____

Home Address: _____
Address/Apt# City, State Zip code

Parent/Guardian Name: _____

Home Address: _____
Address/Apt# City, State Zip code

Preferred Phone: _____ Circle one: Home/Cell/Work

Email: _____

Parent/Guardian Name: _____

Home Address: _____
Address/Apt.# City, State Zip code

Preferred Phone: _____ Circle one: Home/Cell/Work

Email: _____

Child's Medical Information

Pediatrician or Primary Care Doctor: _____

Does your child have any medical problems? Please list any CURRENT health concerns:

Current Prescription Medications: (list medication and dose)

Current over-the-counter medications:



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Briefly describe your reason for seeking help at this time :

Child/Adolescent: Please circle any of the following problems that you feel may be troubling you

Parent: Please place a checkmark next to the following concerns you have

- | | | |
|------------------------------|----------------------------|---------------------------------|
| truancy | destructive | loneliness |
| defiant at home/school | aggressive | overly shy |
| poor grades | excessive teasing | messy/disorganized |
| difficulty paying attention | excessive withdrawal | bed wetting/soiling |
| anxious/fearful | low self-esteem | poor motivation |
| nightmares | worries too much | poor choice of friends |
| sibling rivalry | sleep disturbance | poor impulse control |
| promiscuity | drug or alcohol use | difficulty following directions |
| difficult to control | immature behavior | weight issues |
| quick temper | shoplifting/stealing/lying | clumsy |
| runs away from home | depression | health problems |
| suicidal thoughts or actions | fire setting | problems making/keeping friends |

other: _____