KUNAURRA

Planting the seeds for a brighter future

Cheryl Taylor (MA Counselling)
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CHILD INTAKE / PARENT CONSENT

Name of child : .... Age: ....

Address: ....

Phone No: .... Mobile: ....

Email: ....

I have read the Information for Parents provided and I give permission for .... to participate in counselling sessions with Cheryl Taylor, using Expressive Therapies. I agree to a follow up call or email from Cheryl if deemed necessary.

Signed: .... Date: ....

Main concern: ....

....

Please indicate if any of the following are relevant to your child:

- ❐ Anger
- ❐ Anxieties
- ❐ Birth difficulties
- ❐ Changes in behaviour
- ❐ Control of emotions
- ❐ Cruelty to animals
- ❐ Depression
- ❐ Developmental concerns
- ❐ Difficulty relaxing
- ❐ Eating disorders
- ❐ Family separation
- ❐ Fears
- ❐ Grief
- ❐ Interacting with others
- ❐ Lack of ability to empathise with others
- ❐ Learning difficulties
- ❐ Night terrors
- ❐ Obsessive compulsive behaviours
- ❐ Separation anxieties
- ❐ Self esteem
- ❐ Self-harm
- ❐ Sibling with additional needs
- ❐ Sleeping difficulties
- ❐ Violent behaviour towards others
- ❐ Withdrawal from social groups
- ❐ Trauma

Child's Medical History:

Pregnancy

- ❒ Full term
- ❒ Premature
- ❒ Complications

Child's birth

- ❒ Natural
- ❒ Caesarean
- ❒ Complications

Does your child suffer from:

- ❒ Allergies
- ❒ Asthma
- ❒ Diabetes
- ❒ Epilepsy
- ❒ Headaches
- ❒ Mental illness
- ❒ Physical injuries
- ❒ Problems with back, neck and shoulders
- ❒ Stomach cramps ('sore tummy')

Has your child ever had a paediatric assessment or been assessed for behavioural or learning difficulties?

- ❒ Autism Spectrum Disorders (ASDs)
- ❒ Asperger Syndrome
- ❒ Attention Deficit Hyperactivity Disorder (ADHD)
- ❒ Obsessive compulsive disorder
- ❒ Other

Names of family members:

....

....

Is your child currently using prescribed medication? (please indicate the name)

....

Have there been any changes listed below:

- ❒ Birth of a sibling
- ❒ Child with other carers
- ❒ Death of a close friend or relative
- ❒ Family separation
- ❒ Moved house
- ❒ Moved school
- ❒ Parent's new partner
- ❒ Serious illness of a close friend or family member