QC Psychology, PLLC
Provides Testing and Counseling
447 S. Sharon Amity Road, Suite 140, Charlotte, NC 28211
Phone: (704) 900-9143; Fax: (704) 364-6267
www.qcpsychology.com

CHILD/ADOLESCENT INFORMATION FORM

Name: _____

Birth Date:_____ Age:_____

Parent/Guardian Name:_____

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

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

Preferred email:_____

Parent/Guardian Name:_____

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

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

Preferred email:_____

CHILD'S MEDICAL INFORMATION

Name of Pediatrician/Primary Care Doctor: _____

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

_____

Current Medications Name	Dosage	Start Date

Current over the counter medications: _____

Briefly describe your reason for seeking help at this time:

_____

_____

*Updated on 2/6/23

QC Psychology, PLLC
Provides Testing and Counseling
447 S. Sharon Amity Road, Suite 140, Charlotte, NC 28211
Phone: (704) 900-9143; Fax: (704) 364-6267
www.qcpsychology.com

Child/Adolescent: Please circle any of the following problems that you may feel may be troubling you
Parent: Please place a checkmark next to the following concerns you have

truancy	destructive	loneliness
defiant at school/home	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:_____