

New Hope Counseling

Dr. Jason Unzicker, LMHC, LCPC
Nhocounseling.com 319-759-1450

800 South Main Street, Burlington, Iowa 52601
200 East Main Street, LaHarpe, Illinois 61450

PERSONAL INFORMATION

Child/Adolescent's Name _____ Date of Birth _____
Address _____ Phone # _____

FAMILY INFORMATION

Mother's name _____ Age _____ Marital Status _____
Education _____ Place of employment _____ Phone # _____
Father's name _____ Age _____ Marital Status _____
Education _____ Place of employment _____ Phone # _____
Who has legal custody? Mom _____ Dad _____ Joint _____ Other (specify) _____
Siblings – Names and ages _____
Who lives in home with child? _____

INSURANCE *(The office will need a copy of both sides of your insurance card)*

Name of insurance provider _____ Phone # _____
Insured Name _____ DOB _____ ID # _____
Policy # _____ Group # _____ SSN # _____

FAMILY HISTORY (Mother/Father)

Physical or Psychiatric Illness _____
Learning Problems _____

CHILD'S HEALTH HISTORY

Physician or Pediatrician _____ Phone # _____
Illnesses other than usual childhood illnesses? If so, what and when? _____
Any hospitalizations or surgeries _____
Current medications _____
Any previous counseling? With whom? _____ When? _____
Any suicidal ideation? _____ Any sleep or appetite problems? _____
Any history of physical or sexual abuse? Yes _____ No _____ If yes, explain _____

SCHOOL INFORMATION

Name of school _____
Any problems at school? _____

REASON FOR SEEKING HELP

I give my permission for the minor named above to participate in the counseling services of New Hope Counseling

Parents/Guardians Signature _____ Date _____