



Christian Life Fellowship
Counseling Ministry
Request for Assistance
Parents Form

Your Child's Health:
(please answer accordingly for the child who will be receiving counseling)

Is your child healthy? _____

Does your child have any chronic illnesses (for example, asthma or diabetes) _____

If yes, what have they been diagnosed with? _____

Current medications and dosage

Name of physician _____

Your Child's Emotions:

Has your child ever had a **severe** emotional upset? _____

If yes, please explain (including date of upset) _____

Has your child ever seen a psychiatrist or counselor? _____

If yes, please explain (including dates of service) _____

How would you currently describe your child? _____

What has led you to seek counseling for your child? _____

What have you already tried to do about this? _____

What are your expectations for counseling for your child? _____

Is there any other information that is important for the counselor to know? _____
