

Information Form for Children – Aoife Lyons, Ph.D.

Child's name: _____ Today's Date: _____

Child's Date of Birth: _____

Mother's name: _____

Mother's Address: _____

Home Phone: _____ Alternate phone #: _____

Mother's E-mail Address: _____

Father's name: _____

Father's address if different from above: _____

Father's Phone if different from above: _____

Father's E-mail Address: _____

Preferred Method of Contact (please circle one): home phone mother's alternate phone
mother's e-mail father's alternate phone father's e-mail

Referral source: _____

Pediatrician name and phone number: _____

School's name and your child's grade: _____

Name of child's teacher: _____

What are your main concerns regarding your child?: _____

Has your child been in counseling or had psychological testing in the past? If so, with whom and when did he/ she receive treatment?: _____

Is your child currently taking any medications? If so, please list and include dosage:

Are parents married, divorced or separated? If separated or divorced, when did this occur?: _____

Please list your child's siblings and their ages: _____

Does your child have a peanut allergy?: _____

Mother's occupation: _____

Father's occupation: _____