Whitten Psychological Services, PLLC
1028 Main Street, Shelbyville, KY 40065
Phone: (502) 647-2477 Fax: (502) 371-0890

Child/Adolescent Registration Information

_____ _____
Today's Date Date of Birth

_____ _____ _____ _____ _____
Last Name First Name Middle Initial Current Grade in School Age

_____ _____ Male/Female
Social Security Number Email Address Gender (circle one)

_____ _____
Street Address City, State, and Zip Code

_____ _____
Mother/Guardian's Name Phone Number Father/Guardian's Name Phone Number

_____ _____
Mother/Guardian's Date of Birth Father/Guardian's Date of Birth

_____ _____
Mother/Guardian's Employer Father/Guardian's Employer

_____ _____ _____
Name of Primary Care Doctor Phone # Fax#

_____ _____
Ages of Siblings Living in The Home Ages of Siblings NOT Living in The Home

Who does the child currently live with? _____

Child's parents are currently: Married Divorced Separated Never Married

Name of person completing this form _____

Relationship to patient _____

Insurance Information

In order for us to file bills with your insurance you must complete all of the following information. We will also need a copy of your insurance card(s).

_____ _____ _____
Policyholder's Name Policyholder's Relationship to client Policyholder's Date of Birth

_____ _____
Insurance Company Policy Holder's Employer

_____ _____
Identification Number # Group #

Whitten Psychological Services, PLLC
1028 Main Street, Shelbyville, KY 40065
Phone: (502) 647-2477 Fax: (502) 371-0890

In the past month, has your child experienced any of the following?

Place a check mark for all that apply

___Sleep Problems
___Nightmares
___Unusual Fears
___Restlessness
___Anger
___Destructiveness
___Aggressiveness
___Overly Talkative
___Irritability
___Excessive Sadness
___Self-Destructive Acts
___Eating Problems
___Mood Swings
___Impulsiveness
___Memory Problems
___Difficulty Learning
___Inability to Concentrate
___Uneasy in Social Activities
___Problems Getting Along with Peers
___Comprehension Problems
___Slowed Thought Process
___Difficulty Completing School Work or Chores
___Excessive Bed Wetting
___Wearing an Unusual Layer of Clothing (multiple layers or wearing swim suit under clothing)

Please answer the following questions to the best of your ability. Exact dates are not as important as general sense of what problems your child is now having.

Medical History

Describe any medical problems:

_____
_____
_____
_____

Describe any head injuries (example: motor vehicle accidents, sports injuries, hit in the head, or falling down.) During injury did the child experience any loss of consciousness?

_____
_____
_____
_____

Whitten Psychological Services, PLLC
1028 Main Street, Shelbyville, KY 40065
Phone: (502) 647-2477 Fax: (502) 371-0890

Has your child been hospitalized or had surgery for any reason? (if yes, please give details and dates):

_____

_____

_____

List any medications your child is currently taking:

_____

_____

_____

_____

Behavioral Health History

Please describe any history emotional or behavior problems your child has experienced.

_____

_____

_____

_____

_____

Has your child received **therapy** or **counseling** (other than a medical doctor) for emotional or behavior problems? Yes No

If yes, did he/she see a therapist or counselor (other than a medical doctor) that helped work on the emotional or behavior problems? Yes No

If yes, when was the first session? _____ When was the last session? _____

Any history of physical abuse? _____If so, age at time of occurrence? _____

Any history of sexual abuse? _____If so, age at time of occurrence? _____

Please describe any family history of mental illness (such as depression or anxiety) or substance abuse issues.

_____

_____

_____

Substance Use History

Does your child drink alcohol? Yes No
Does your child use any drugs besides alcohol? Yes No
Does your child smoke or use tobacco? Yes No
Has your child ever received treatment for alcohol or other drug use? Yes No

Educational History

Please describe any problems your child is having in school (learning, behavioral, or other):
_____
_____
_____

Has your child been held back in any grades? Yes No If yes, what grade(s)? _____

Special education classes? Yes No If yes, what grade(s)? _____

What type of extracurricular activities is your child involved in?
_____
_____
_____
_____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name_____

Phone #_____ Alternate Phone #_____

Relationship to Client_____

How did you find out about our practice?

_____

Whitten Psychological Services, PLLC
1028 Main Street, Shelbyville, KY 40065
Phone: (502) 647-2477 Fax: (502) 371-0890

Appointment Reminders

Our system sends appointment reminders, please choose **one** preferred method.

☐ Text Number: _____

☐ Voicemail Number: _____

☐ Email Email: _____

☐ No Reminders

Is it okay for our staff to leave a message on the number you have provided? Yes ☐ No ☐

- I understand that certain information about me can be released to insurance companies in order to process claims.
- I understand that co-pays are due at the time of service.
- I am financially responsible for services rendered that are not covered by my insurance company.
- I authorize payment of medical benefits to the provider for mental health services delivered.
- I understand that failure to give 24-hour notice may result in a cancellation fee of $50.00.
- Whitten Psychological Services reserves the right to discontinue services after 2 consecutive missed or rescheduled appointments.
- I hereby give permission to Whitten Psychological Services to provide me with mental health services within the provider's license and training.

_____ _____

Parent/Guardian Signature Date