



CORA GOLDFARB  
PSYCHOTHERAPY & PSYCHOANALYSIS

## **Child Information Form**

Date:

Name:

Parent's Names:

Date of Birth:

Age:

### **Address**

Street:

State:

Zip code:

City:

### **Contact Information**

Parent's cell phone:

Parent's cell phone:

Parent's work phones:

Home phone:

Child/Adolescent cell

phone: Parent/Child Emails:

### **School Information** School

name:

Grade:

Teacher's name:

School phone number:

### **Educational History:**

Has your child repeated a grade?

Recent decline in grades?

Difficult subjects?

Does your child have a history of receiving services in school (speech and language, occupational or physical therapy, tutoring, counseling, other)?

-Psychological testing? (When, where, results):

-Are there any problem behaviors reported in school (attention, interruptions, social skills issues, etc.)?

### **Emergency Contact**

Name:

Phone number:

Referred By:

### **Please Note Office Policies:**

- Since each appointment time is reserved for only one client, please provide at least 48 hours notice for cancellations. I am happy to reschedule a session for later in the week, if possible.
- If you have to cancel within less than 48 hours or do not show for a session, you will be charged **your full fee**.

**Sign here that you agree to office policies:**