dell children's Ascension

The University of Texas at Austin
UT Health Austin

Texas Child Study Center
PATIENT INFORMATION
PATIENT Psychology Supplemental Form: Dr. Black

Today's date_____ Name_____ Preferred name_____

DOB_____ Sex assigned at birth: ■ Female ▢ Male Gender Identity: ▢ Female ▢ Male

▢ Other_____ Preferred pronouns_____ Parent/caregiver aware ■ Yes ▢ No

CURRENT CONCERNS

Briefly, please describe your concerns and/or reasons you are seeking services with Dr. Black:

_____
_____
_____
_____
_____

When did you first start experiencing these concerns/issues?_____

_____

How often do these concerns/issues occur?_____

_____

How long do they last? _____

How do they get in the way of you living your best life? _____

_____

_____

BEHAVIOR AND DISCIPLINE

Please describe any concerns at home and/or at school or with peers:

_____

_____

Who ordinarily provides discipline to your child? _____

Please check the types of discipline used with your child:

- ○ Verbal reprimands
- ○ Time out
- ○ Ignoring your child's behavior
- ○ Reasoning
- ○ Sending child to room
- ○ Removal of privileges
- ○ Physical punishment
- ○ Other:

Which forms of discipline have proven to be the most effective? _____

How often do you need to implement discipline? _____

PERSONAL/SOCIAL

How many friends/acquaintances does your child have? _____ A best friend? ▢ Yes ■ No _____

Any concerns about alcohol or substance use: ▢ Yes _____ ▢ No ▢ Uncertain ▢ N/A

Is your child permitted to date: ☐ Yes ☐ No ■ N/A

Currently dating/in a relationship: ☐ Yes ☐ No ☐ N/A ☐ Uncertain

Sexual orientation (if known) ☐ Heterosexual ☐ Gay/Lesbian ☐ Bisexual ☐ Questioning ☐ N/A

How easily does your child make friends?

● Better than average ○ Average ○ Worse than average

Does your child have problems keeping friends? ○ Yes ○ No

Are there any problems with bullying or teasing? ○ Yes ○ No

History of trauma? ■ Yes (please provide details below if yes) ☐ No ☐ Uncertain

_____

MEDICAL HISTORY NOT LISTED IN GENERAL INTAKE:

Additional information: _____

_____

CURRENT MEDICAL PROVIDERS (Name/Specialty)

_____

_____

_____

OTHER INFORMATION

What are your child's strengths?

_____

What are your family's strengths?

_____

What would be most helpful in building a strong alliance with your child?

_____

_____

PLEASE REMEMBER TO BRING THE FOLLOWING ITEMS TO THE INTAKE (IF APPLICABLE):
1) Divorce decree
2) Previous reports (i.e., neuropsychological, educational, emotional, speech/language)