



Initial information form

For children and young people aged 11 and over, to be completed by a parent or carer.

Please fill in as much as you can. If a question doesn't apply, or you'd rather talk about it in person, leave it blank.

Everything you write here is confidential. It is stored securely, seen only by me, and kept for the minimum time required. Some questions are personal, and you do not have to answer all of them. Nothing here commits you to anything. We will talk it all through together before any sessions are arranged.

The young person

Full name

Name they prefer to be called

Date of birth

Age

Gender

Pronouns (if they'd like me to know)

Home address

School or college

Year group

GP surgery

Parent or carer

Your name

Relationship to the young person

Telephone

Email

Address, if different from above

Anyone else with parental responsibility. Please give name, relationship and contact details

Emergency contact. Please give name, relationship and telephone number

Home and family

This helps me understand the world your child moves in. Brief notes are fine.

Who lives at home? Please include names, ages and relationships, and pets if they matter to your child

Other important people in your child's life, such as grandparents, aunts and uncles or close family friends

Do the young person's parents live together?

☐ Yes ☐ No

If not, when did the separation happen, how is time divided, and how has your child managed it?

Is there anything about your home situation that would help me to know?

What brings you here

What is the main concern that brings your child to counselling, and why now?

How long has this been a concern?

How does your child describe it themselves?

What have you already tried? Has anything helped?

What would you, or your child, like to be different?

How does your child feel about coming to counselling?

How things are at the moment

Tick anything that applies, and add a note underneath if it would help.

- | | | |
|---|---|---|
| ☐ Anxiety or worry | ☐ Low mood | ☐ Anger or outbursts |
| ☐ Sleep | ☐ Eating | ☐ Friendships |
| ☐ Concentration | ☐ Confidence | ☐ Communication |
| ☐ Energy levels | ☐ Headaches or tummy aches | ☐ Withdrawing or isolating |

Anything you'd like to add about the above

School

How does your child feel about school?

Are there any learning differences or additional needs, diagnosed or suspected?

Any difficulties with friendships, teachers, attendance or refusal?

Does your child have an EHCP or receive SEN support?

☐ Yes ☐ No

Health

Any medical conditions, diagnoses or allergies I should know about

Any medication your child is currently taking

Has your child had counselling or therapy before?

☐ Yes ☐ No

If so, when, with whom, and how did they find it?

Is there anything about your child's health, or their early years, that feels relevant to why you're getting in touch?

The next question is a difficult one to be asked, and I am sorry to ask it in writing. I ask everyone, because knowing early means I can make sure the right support is in place from the start. If you would rather tell me on the phone instead, please leave it blank and we will talk it through.

Has your child ever harmed themselves, or said anything that worried you about their safety? If so, what is in place at the moment?

Other professionals involved

Is anyone else currently offering support? Please tick all that apply.

- | | | |
|---|---|--|
| ☐ School SENCO | ☐ Educational Psychologist | ☐ School Nurse |
| ☐ Occupational Therapist | ☐ Speech and Language | ☐ Social Worker |
| ☐ CAMHS | ☐ Child Development Centre | ☐ Early Help |
| ☐ Paediatrician | ☐ Young carers service | ☐ Other |

Names and contact details, where you have them

May I contact your GP, school or other professionals if it would be helpful?

☐ Yes ☐ No

You and your child will always be asked again, and told beforehand, before I contact anyone.

Significant events

Has your child experienced anything significant? A bereavement, an accident, a serious illness, family conflict, bullying, a move, or anything else that stands out.

Your child at their best

I ask about difficulties for obvious reasons, but this part matters just as much.

What are your child's strengths and best qualities?

What do they enjoy? Interests, sports, hobbies, how they spend their free time

What do you enjoy about them?

Anything else

Is there anything else you think it would help me to know?

Are there any legal matters, such as custody or court proceedings?

☐ Yes ☐ No

If yes, please give brief details

Has your child agreed to this referral?

☐ Yes ☐ No

Which days and times would suit you for appointments?

Signatures

If the young person is 16 or over, they are welcome to sign as well.

Parent or carer

Name

Date

Second parent or carer, if applicable

Name

Date

Young person, if aged 16 or over

Name

Date

Thank you for taking the time to complete this. Please return it to hello@claire-counselling.co.uk, or bring it with you to the first session. If anything raised questions, or was difficult to write down, do say so when we speak. It is often more useful discussed than written.