

*RubyVisions*  
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Date: \_\_\_\_\_

**Child Information**

Child's Name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

Allergies and Dietary Restrictions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Subscriber and group #: \_\_\_\_\_

Who is in the immediate family? What is their relationship and birth date?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parental/ Legal Custodian Information:**

Who is responsible for the child? \_\_\_\_\_

What is your relationship (parental/legal guardian)? \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Marital and Legal Status of Parents: \_\_\_\_\_

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What is your reason for seeking therapy?

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Mental health history of pertinent family members including the child: Prior psychological diagnoses, treatments and psychotherapy experiences.

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Physical health and history of the child:

Please include the birth of the child (normal/caesarian, premature, birth weight?), and any hospitalizations, surgeries, or ailments.

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Growth Percentile: \_\_\_\_\_

Remarkable Milestones in physical development and mobility, language development, sleep, and toileting:

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Medications: \_\_\_\_\_

Is there anything else I should know to better serve your family?

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\_\_\_\_\_  
Signature of Adult Responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Parental/Legal Guardian Name and Relationship