

*Chingyen Godwin, Ph.D., NCSP*  
Licensed Psychologist

26 W Dry Creek Circle, Suite 180  
Littleton, CO 80120

303-794-7761 (phone)  
303-794-7811 (facsimile)

**Client Information Sheet**

**Client's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ Work Phone: \_\_\_\_\_ / \_\_\_\_\_

Please do not call me at home.

Please do not call me at work.

Mobile Phone: \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

Please do not call me on my mobile phone.  Ok to text.  Please do not use my Email Address.

Client's Birth Date: \_\_\_\_\_ Years of Education: \_\_\_\_\_ School (current): \_\_\_\_\_

Any services received in school? \_\_\_\_\_

Other people living in Client's household:

Name:	Birth Date:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Name of Policy Holder:** \_\_\_\_\_ **Relationship to Insured:** \_\_\_\_\_

**Policy Holder's DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Policy Holder's SSN:** \_\_\_\_\_

Policy Holder's Home Address: Check  if same as above; Or \_\_\_\_\_

Insurance Carrier's Name: \_\_\_\_\_ Policy ID Number: \_\_\_\_\_

I have received a copy of the **Colorado Notice Form**. \_\_\_\_\_ (signature/date)

I have received a copy of the **Services Agreement** and signed it. \_\_\_\_\_ (signature/date)

By signing below, I authorize Dr. Godwin to accept assignment of benefits and to release any information necessary to process my insurance claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Social History Information

Client's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Caregiver Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

---

### I. Family History

#### A. Parents

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Stepmother/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Stepfather/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

If Divorced/Separated:

How long have the parents been divorced/separated? \_\_\_\_\_

Age of Client at the time of divorce/separation \_\_\_\_\_

Describe Client's reaction to the divorce/separation: \_\_\_\_\_

Describe Client's living arrangement: \_\_\_\_\_

Describe parent work schedule: \_\_\_\_\_

Describe child care arrangement in the past/present if applicable: \_\_\_\_\_

#### B. Children in the Home

Name	Age	Describe their relationship with Client
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the birth status of Client: (circle one)    Natural    Adopted    Forster Child

If adopted or foster child, what was the age of the client at adoption/foster care: \_\_\_\_\_

Is the client aware that he/she is an adopted/foster child?    YES    NO

If yes, describe the client's reaction to being adopted/foster child: \_\_\_\_\_

**C. Other people living in Home (Past or Present)**

Name	Relationship to Client	Dates Living in Home
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Relationship of Family Members and Significant Others**

Describe Client's relationship to all relevant family members and significant others (in addition to B). Please specify with whom the client has the closest relationship:

Describe the type and frequency of family activities:

Describe how parenting and discipline is handled in the family:

Describe any significant events that may have been traumatic or very stressful for the client (i.e. accidents, major illnesses, deaths of family members, etc.):

Describe any regular chores/regular duties that the client is responsible at home:

Describe the client's peer relationships. (Number of friends, best friends, good/bad influences, etc.):

**II. HEALTH INFORMATION**

**A. Health Status**

1. Has the client ever been diagnosed with any medical/emotional conditions or undergone medical/emotional diagnostic testing? YES NO

If YES, please describe:

Diagnoses/Dates: \_\_\_\_\_

Who made the diagnosis: \_\_\_\_\_

Will you share a copy with us? YES NO

2. Has the client ever sustained trauma (i.e. a fall, a blow, or any injury) to the head? YES NO

If YES, please describe:

Date and the incident: \_\_\_\_\_

\_\_\_\_\_

Any medical services received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Client & Family Health History

Does any member of the Client's family or the client have concerns with any of the following?

- |                        |     |    |                    |
|------------------------|-----|----|--------------------|
| a. Learning problems   | YES | NO | Who/Explain: _____ |
| b. Attention problems  | YES | NO | Who/Explain: _____ |
| c. Behavioral problems | YES | NO | Who/Explain: _____ |
| d. Emotional problems  | YES | NO | Who/Explain: _____ |
| e. Drug/Alcohol abuse  | YES | NO | Who/Explain: _____ |

### III. EDUCATIONAL EXPERIENCES

#### A. Family Educational Experience

Please describe the overall educational experience of the Client's mother/guardian:

Please describe the overall educational experience of the Client's father/guardian:

Please describe the overall educational experience of the Client's siblings:

#### B. Client Education Experience

List the schools that the Client has attended (preschool – high school – college)

Name of School	Grades	Location (City, State)
_____		
_____		
_____		

Please describe the following:

- a. Describe any absences/leaves from school.
  
  
  
  
  
- b. Describe any special programming or services received in school.
  
  
  
  
  
- c. Describe the client's strongest school subject(s):

- d. Describe the client's weakest school subject(s):
- e. Describe the client's homework habits:
- f. How does the client currently feel about school and his/her teacher(s)?
- g. What motivates the client to complete academic work?
- h. Describe the client's ability to pay attention in class:
- i. Describe the client's ability to follow directions:
- j. Describe the client's ability to remember information:
- k. Describe the clients' interest in hobbies/sports/extracurricular activities:

**C. Last but not least**

What are the Client's strengths?

What are the Client's weaknesses or challenges?

What do you hope for by making this referral?

Is there anything else you'd like to share about the client?