



Restoring Hearts and Homes

MERCY HOUSE OF MEADVILLE, INC.
13180 Leslie Road, Suite 2
Meadville, PA 16335
Phone 814-337-6180 Fax 814-724-7681

Mercy House Counseling Application Form for a School Aged Child

Name _____ Date of Birth _____

Address _____

Phone # _____ Emergency # _____

SS# _____ Email _____

Introductory Questions and Developmental Information:

Who suggested that you come to Mercy House? _____

Briefly describe your child and any issues that he or she may be having: _____

Describe any issues with pregnancy and delivery: _____

Did your child have any issues in infancy (age newborn to 6 mos)? _____

At what age did your child begin to use gestures and words to communicate? _____

At what age was your child potty trained? _____

List any issues that your child may have with self help, fine motor skills, gross motor skills, language or any academic delays: _____

Medical Information

Does your child have any health issues or take medication? _____

When was his or her last physical exam? _____

Does any family member or members have health issues or any history of physical or mental health issues? _____

School Information

What school does your child attend? _____

What grade is he or she currently in or will be entering: _____

Who is his or her teacher? _____

Describe any behavioral issues at school: _____

Describe learning strengths and weaknesses: _____

Family Information:

Mother's name and age: _____

Father's name and age: _____

Parents are: (circle one) Married Divorced Separated Deceased

Please list siblings names and ages: _____

Any pets? _____

Any recent stressors in your family that may cause conflict or stress? _____

What activities does your family do together? _____

Does your family have a faith background? _____

Behavioral and Parenting:

What problematic behavior does your child exhibit? When did it start? Where does it occur most frequently? _____

What is your response to this behavior? _____

What response works and what doesn't? _____

Other Questions:

What changes do you hope therapy will lead to? _____

How can our staff assist you and your family to make these changes? _____

Describe your readiness and motivation as a family for change: _____

As a family, what do you consider to be your major strengths? What are your weaknesses?

Parent Signature: _____ **Date:** _____

Child Signature: _____ **Date:** _____