

**PSYCHOLOGICAL SERVICES CENTER**

UNIVERSITY OF NORTH DAKOTA  
P.O. Box 7108  
GRAND FORKS, ND 58202-7108  
701.777.3691

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**CHILD CLIENT APPLICATION FORM**

Please fill out the following form as completely as possible:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Can we leave a message at this number? Y N

Work Phone: \_\_\_\_\_ Can we leave a message at this number? Y N

Race/Ethnicity: \_\_\_\_\_

Parent's Marital Status: Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( )

Names and ages of individual's living within the child's home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Type and Place of employment: \_\_\_\_\_

Father's Type and Place of employment: \_\_\_\_\_

Activities involved in: \_\_\_\_\_

Who referred you to the Psychological Services Center? \_\_\_\_\_

Have your child been a client at the PSC before? Y N If Y, When? \_\_\_\_\_

Reason(s) for coming to the Psychological Services Center: \_\_\_\_\_

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**ALL INFORMATION IS CONFIDENTIAL**

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Has your child utilized any other resources for this concern? Y N

If yes: Who, where, when? \_\_\_\_\_

Have your child had psychiatric/psychological/counseling services in the past? Y N

If yes: When and where? \_\_\_\_\_

What changes do you hope will result by coming to the Psychological Services Center?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Status: Does your child have any physical health problems at present? \_\_\_\_\_

\_\_\_\_\_

Does your child have any major health problems in the past? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list medications currently taken, please list what kind, what for, for how long, and who prescribed them: \_\_\_\_\_

\_\_\_\_\_

What grade is your child in? \_\_\_\_\_ School: \_\_\_\_\_

Please describe any academic difficulties your child is experiencing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What are your child's strengths/weaknesses: \_\_\_\_\_

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Is your child aware of the reasons for the appointment today?      Y      N

Please add any other information which might be helpful for us to know: \_\_\_\_\_

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To assist us in finding a convenient appointment time for you, please indicate times you are available for appointments:

Pleas sign in confirmation of the above information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date