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**CLIENT INFORMATION FORM - CHILD**

**Demographics**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Home Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

If second address, note relationship (e.g. "Father's house"): \_\_\_\_\_

Second street address \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_

School Phone \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Pediatrician Phone \_\_\_\_\_

Pediatrician's Street Address \_\_\_\_\_

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

**Family**

Mother

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

Occupation \_\_\_\_\_ Educational Level \_\_\_\_\_

Age at time of Marriage (if applicable) \_\_\_\_\_ Divorce (if applicable) \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Father

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

Occupation \_\_\_\_\_ Educational Level \_\_\_\_\_

Age at time of Marriage (if applicable) \_\_\_\_\_ Divorce (if applicable) \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Is child living with both biological parents? Yes \_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

Do parents differ about how to respond to your child? No \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By whom is your child usually disciplined? \_\_\_\_\_

\_\_\_\_\_

Siblings

Name	Sex	Age

Other Persons in the Home

Name	Sex	Age

Does anyone in the immediate family have any emotional, behavioral, academic or developmental problems that are affecting this child? (If so, explain)

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Does anyone in the immediate or extended family currently have, or have a history of, problems that are similar to this child's?

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**School**

Age began preschool? \_\_\_\_\_ Age began kindergarten? \_\_\_\_\_

Was your child ever retained in grade? No \_\_\_\_ If yes, grade \_\_\_\_\_

Is your child in ESE (Special Education) classes? No \_\_\_\_ If yes, explain \_\_\_\_\_

Was anyone else in the family in ESE classes? No \_\_\_\_ If yes, explain \_\_\_\_\_

Does your child have any academic or behavioral problems at school? \_\_\_\_\_

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How does your child feel about school? \_\_\_\_\_

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Does your child have friends at school? \_\_\_\_\_

Anything else you think we should know? \_\_\_\_\_

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