**Email form and *copy of insurance* card to:**

[**forms@kmhelpingkids.com**](mailto:forms@kmhelpingkids.com)

New Patient Questionnaire

**Prospective Child’s Full Name:**

**Parents Name:**

**Child’s Full Address:**

**What school does your child attend?**

**Child’s Age: Child’s Date of Birth:**

**Are you covered by insurance?**

**Name of Insurance Company and ID #:**

**Do both parents consent to treatment?**

**Are both parents able to attend the initial Intake Appointment? (This appointment is for parents only) \_\_\_\_\_\_\_**

**Are there any current legal proceedings (court, divorcing, CPS, etc.)?**

**Do you believe the child is a danger to himself/herself or to others?**

**Are you interested in therapy or testing? Therapy\_\_\_\_\_\_\_ Testing\_\_\_\_\_\_**

**Is your child seeing another therapist or psychologist at this time? If so, who? (NOTE: This does not include guidance counselors but would include any school-based therapist).**

**Are you open to seeing your doctor through telehealth visits Yes\_\_\_\_ No\_\_\_\_**

**Who referred you to our practice?**

**Person Completing Survey: Best Contact Number:**

**Email Address:**

**Brief History/background, why you are seeking therapy or testing services, and any details you feel are pertinent for us to know:**

**Would you be willing to work with a Postdoctoral Fellow?**

This is a psychologist who has completed their doctoral degree in Clinical Psychology and is in the process of becoming fully licensed by the state board.  They are under the direct supervision of a licensed clinical psychologist in our practice until they are fully licensed.