

INTO BLUE EXPRESSIVE THERAPIES Parent / Guardian Consent Form

Name of child Age.....

Phone no. Mob.....

Email

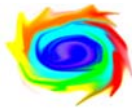
I give permission forto participate in counselling sessions with Jo Ablett. I agree to a follow up call or email from Jo if deemed necessary. Agree / Disagree

Signed Date.....

Main concern/issue:

.....
Please indicate if any of the following are relevant to your child:

- Anger
- Anxieties
- Birth difficulties
- Changes in behaviour
- Control of emotions
- Cruelty to animals
- Depression
- Developmental concerns
- Difficulty relaxing
- Eating disorders
- Family separation
- Fears
- Grief
- Interacting with others
- Lack of ability to empathise with others
- Learning difficulties
- Night terrors
- Obsessive Compulsive Behaviours
- Separation anxieties
- Self-esteem
- Self-harm
- Sleeping difficulties
- Violent behaviour towards others
- Withdrawal from social groups
- Trauma



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CHILD'S MEDICAL HISTORY

1. Pregnancy
 - Full term
 - Premature
 - Complications
2. Child's birth
 - Natural
 - Caesarean
 - Complications
3. Does your child suffer from?
 - Allergies
 - Asthma
 - Diabetes
 - Epilepsy
 - Headaches
 - Mental illness
 - Physical injuries
 - Problems with back, neck and shoulders
 - Stomach cramps ('sore tummy')
4. Has your child ever had a paediatric assessment or been assessed for behavioural or learning difficulties?
 - Autism Spectrum Disorders (ASDs).
 - Asperger Syndrome
 - Attention Deficit/Hyperactivity Disorder - AD/HD
 - Obsessive Compulsive Disorder
 - Other
5. Names of family members:
-
6. Is your child currently using prescribed medication?
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7. Changes
Please indicate if any of the changes listed below have been experienced by your child/family in the past two years:
 - Birth of a sibling
 - Child with other carers
 - Death of a close friend or relative
 - Family separation
 - Moved house
 - Moved school
 - Parent's new partner
 - Serious illness of a close friend or family member