## my face page

## ages 0-4

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Status Update (Why is he/she coming to see me?)

## About Me:

Parents/Guardian's Names:	Parenting time/Custody schedule:	
,	5, 7	
People who live at home, Location#1:	People who live at home, Location#2:	
Family time activities:		
Family time activities:	Name of daycare or preschool:	
Concerns with relationships?	Favorite activities:	
Concerns with development?		

	Yes	No
Has he/she talked to a counselor before?		5
Has he/she ever been removed from daycare or preschool?		7
Has he/she ever been involved with law enforcement or CPS?		Ţ
Has he/she ever had thoughts of suicide or harming himself/herself?		7
Has he/she ever lost anyone close to him/her?		7
Has anyone ever been concerned about his/her anger?		7
Has the patient or someone close to him/her had problems or experimented with substance use	?	7
Has the patient or someone close to him/her had problems with mental illness?		7
Has the patient experienced any traumatic events?		5

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