



## HORN AND ASSOCIATES IN REHABILITATION, PLLC

2412 Greatstone Point  
Lexington, Kentucky 40504  
Phone (859) 224-4081

4127 Todds Road  
Lexington, Kentucky 40509  
Fax (859) 224-4082

[www.horntherapy.com](http://www.horntherapy.com)

### Psychology/Social Work Questionnaire

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Describe the main behavioral/emotional/social difficulty in which you are seeking services. \_\_\_\_\_

Are there any medical/physical/environmental factors that you believe contribute to the behavioral/emotional/social difficulty? If yes, please describe.

Has your child been diagnosed with any condition related to the behavioral/emotional/social difficulty? If so, please list.

Has your child received a psychological evaluation and/or counseling services in the past? If so, please describe findings, response to intervention, etc.

My child... (Check appropriate boxes that describe your child)

- |   |   |
|---|---|
| <input type="checkbox"/> Is social and engaging                       | <input type="checkbox"/> Quickly escalates without apparent cause |
| <input type="checkbox"/> Makes good eye contact with adults and peers | <input type="checkbox"/> Extremely sensitive to criticism         |
| <input type="checkbox"/> Is well behaved                              | <input type="checkbox"/> Unable to self-calm                      |
| <input type="checkbox"/> Pays attention                               | <input type="checkbox"/> Poor coping skills                       |
| <input type="checkbox"/> Listens well                                 | <input type="checkbox"/> Is very busy and active                  |
| <input type="checkbox"/> Follows directions well                      | <input type="checkbox"/> Has difficulty paying attention          |
| <input type="checkbox"/> Plays well with other children               | <input type="checkbox"/> Has difficulty listening                 |
| <input type="checkbox"/> Is easy going                                | <input type="checkbox"/> Has difficulty following directions      |
| <input type="checkbox"/> Does well with change                        | <input type="checkbox"/> Prefers to play alone                    |
| <input type="checkbox"/> Understands safety                           | <input type="checkbox"/> Has difficulty with transitions          |
| <input type="checkbox"/> Takes turns with peers                       | <input type="checkbox"/> Is ritualistic with play                 |
| <input type="checkbox"/> Is aggressive                                | <input type="checkbox"/> Does not like crowds                     |
| <input type="checkbox"/> Is oppositional                              | <input type="checkbox"/> Does not like new places/people          |
| <input type="checkbox"/> Has tantrums                                 | <input type="checkbox"/> Is anxious                               |

Is there a history of mental illness/psychological issues in the family? If so, please list concerns and relationship to child. \_\_\_\_\_

What types of discipline/reinforcements are used in the home? How successful are these strategies? \_\_\_\_\_

Does your child have difficulty with sleep patterns? Eating patterns? If so, please describe.

Have there been any major stressors in the child's life over the past year (i.e., parents getting divorced/separated, significant illness, death of loved one, etc.)? If so, please describe.



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### 2024 CONSENT AND PERMISSION FOR PSYCHOLOGICAL SERVICES AND/OR TREATMENT

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that Horn and Associates in Rehabilitation, PLLC is providing mental health assessment and treatment services to me. I understand that there are no certain outcomes from these services and that individual experiences with treatment may vary. In giving consent to provide these services to me, I am aware that Horn and Associates in Rehabilitation, PLLC has a duty to protect my confidentiality except where the law requires disclosure of certain information. There are several exceptions in which confidentiality cannot be assured.

Duties to report include:

- A duty to report the abuse or neglect of a dependent adult and/or domestic violence offenses to the Department of Community Based Services
- A duty to report any instances of child neglect, exploitation, or abuse to the Department of Community Based Services and/or the police
- A duty to report any threats against persons to the intended victim and the police
- A duty to release information to agencies or persons with a need to know when a client is in need of hospitalization

When a client introduces personal mental health or substance abuse issues in court proceedings, confidentiality is then waived by the client.

Understanding all of the above possible exceptions of confidentiality regarding information about my mental health condition and treatment, I give consent to Horn and Associates in Rehabilitation, PLLC and its clinicians to provide assessment and treatment services to me.

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

Client or Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_