CENTER FOR EMOTIONAL FITNESS / SHORE THERAPY

PARENT/GUARDIAN FORM

YOUR NAME:	PATIENT'S NAME:	DATE:
TO BE FILLED OUT BY THE CHILD'S PARENT	OR GUARDIAN:	Please complete this from <u>YOUR</u> perspective of the child.
Please write a brief history of the child.		
Your perspective on the child's problems.		
Brief history of the child's family, marriages and	childhood.	

Tell me about the child's family now.

How is the patient's medical health?

What are the child's strengths?

What are the child's weaknesses?

Is there a family history of psychiatric problems in child's family?

Are you opposed to psychiatric medications?

What do you want Dr. Rosenberg to do to help?

NOTE: If you are a biological parent or biological guardian, please complete a Patient Form about yourself and your history.