



# VCU

## Center for Psychological Services and Development

Department of Psychology | College of Humanities and Sciences  
612 N Lombardy St | Box 843033 | Richmond, VA 23284-3033  
ph: 804 828-8069 | fax: 804 827-1269 | cpsd@vcu.edu | www.cpsd.vcu.edu

### CHILD APPLICATION FOR SERVICES

#### CHILD

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Number/ Street / PO Box Apt# City State Zip

Telephone #: \_\_\_\_\_ Alternate telephone #: \_\_\_\_\_

Enrolled in school?  Yes (district: \_\_\_\_\_)  No

Highest education level completed:  Non Yet  Grade School  High School  \_\_\_\_\_

Race / Ethnicity:  Asian  American Indian/Native Alaskan  Black/African American  Hispanic/Latino  
 Multi-racial  Native Hawaiian/Pacific Islander  White  \_\_\_\_\_

Sex:  Female  Male  Intersex  \_\_\_\_\_

Gender identity:  Female  Male  Genderqueer/Non-binary  Transgender  \_\_\_\_\_

Gender pronouns:  She/Her  He/Him  They/Them  Ze/Zir  \_\_\_\_\_

Sexual orientation:  Straight  Lesbian/Gay  Bisexual  Queer  Don't know  \_\_\_\_\_

Household makeup:  Alone  Family (parents and children)  Extended family  Single-parent family

#### GUARDIAN A (required)

Relationship to child?  Parent  Legal Guardian  Authorized Representative  \_\_\_\_\_

Responsible for medical decisions for child?  Yes  No

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Number/ Street / PO Box Apt# City State Zip

Telephone #: \_\_\_\_\_ Alternate telephone #: \_\_\_\_\_

Race / Ethnicity:  Asian  American Indian/Native Alaskan  Black/African American  Hispanic/Latino  
 Multi-racial  Native Hawaiian/Pacific Islander  White  \_\_\_\_\_

Sex:  Female  Male  Intersex  \_\_\_\_\_

Gender identity:  Female  Male  Genderqueer/Non-binary  Transgender  \_\_\_\_\_

Gender pronouns:  She/Her  He/Him  They/Them  Ze/Zir  \_\_\_\_\_

Sexual orientation:  Straight  Lesbian/Gay  Bisexual  Queer  Don't know  \_\_\_\_\_

Student status:  Full-time student (school: \_\_\_\_\_)  Part-time student  Not a student

Highest education level completed:  Non yet  Grade school  High school  Trade/Technical school   
Associate's degree  Bachelor's degree  Master's degree  Medical/Doctorate degree  \_\_\_\_\_

Center for Psychological Services and Development

Employment status:  Student  Employed full-time (occupation: \_\_\_\_\_)  
 Employed part-time  Not employed  Disabled  Retired  \_\_\_\_\_

Relationship status:  Single  Divorced  Married  Partnered  Separated  Widowed  \_\_\_\_\_

Household makeup:  Alone  Roommates  Spouse/Partner/Committed other  Family (parents and children)  
 Extended family  Single-parent family  \_\_\_\_\_

Are you involved with the legal system?  No  
 Yes (describe) \_\_\_\_\_

Are you involved with Child Protective Services?  No  
 Yes (describe) \_\_\_\_\_

GUARDIAN B (optional)

Relationship to child?  Parent  Legal Guardian  Authorized Representative  \_\_\_\_\_

Responsible for medical decisions for child?  Yes  No

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Number/ Street / PO Box Apt# City State Zip

Telephone #: \_\_\_\_\_ Alternate telephone #: \_\_\_\_\_

Race / Ethnicity:  Asian  American Indian/Native Alaskan  Black/African American  Hispanic/Latino  
 Multi-racial  Native Hawaiian/Pacific Islander  White  \_\_\_\_\_

Sex:  Female  Male  Intersex  \_\_\_\_\_

Gender identity:  Female  Male  Genderqueer/Non-binary  Transgender  \_\_\_\_\_

Gender pronouns:  She/Her  He/Him  They/Them  Ze/Zir  \_\_\_\_\_

Sexual orientation:  Straight  Lesbian/Gay  Bisexual  Queer  Don't know  \_\_\_\_\_

Student status:  Full-time student (school: \_\_\_\_\_)  Part-time student  Not a student

Highest education level completed:  Non yet  Grade school  High school  Trade/Technical school   
Associate's degree  Bachelor's degree  Master's degree  Medical/Doctorate degree  \_\_\_\_\_

Employment status:  Student  Employed full-time (occupation: \_\_\_\_\_)  
 Employed part-time  Not employed  Disabled  Retired  \_\_\_\_\_

Relationship status:  Single  Divorced  Married  Partnered  Separated  Widowed  \_\_\_\_\_

Household makeup:  Alone  Roommates  Spouse/Partner/Committed other  Family (parents and children)  
 Extended family  Single-parent family  \_\_\_\_\_

Are you involved with the legal system?  No  
 Yes (describe) \_\_\_\_\_

Are you involved with Child Protective Services?  No  
 Yes (describe) \_\_\_\_\_

GUARDIANS (A&B)

Guardians (A&B) relationship:  Never married  Married  Partnered  Separated  Divorced ( (A) remarried  
 (B) remarried)  \_\_\_\_\_

**SERVICES**

What services are you seeking?

- Individual Therapy (regular, weekly meetings with a therapist)
- Group Therapy (regular, weekly meetings with other clients and therapists)
- Therapy (individual and/or group therapy)
- Evaluation (testing with a feedback report)
- Evaluation and Therapy

Were you referred?  Yes (agency or provider's name: \_\_\_\_\_)  No (how did you find us? \_\_\_\_\_)

Are services mandated by a court?  Yes  No *CPSD does not provide custody evaluations.*

Do you need to receive services by a certain date?  Yes (date: \_\_\_\_\_)  No

Name of person responsible for paying fees (responsible party): \_\_\_\_\_

Responsible party's relationship to applicant:  Self  Parent  Legal guardian  Authorized representative

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Total annual income: *Total income of all adult members in immediate household plus any additional income from child support or other sources.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 0 to 10,000      | <input type="checkbox"/> 10,001 to 20,000 | <input type="checkbox"/> 20,001 to 30,000 |
| <input type="checkbox"/> 30,001 to 40,000 | <input type="checkbox"/> 40,001 to 50,000 | <input type="checkbox"/> 50,001 to 60,000 |
| <input type="checkbox"/> 60,001 to 70,000 | <input type="checkbox"/> 70,001 to 85,000 | <input type="checkbox"/> 85,001 or more   |

Total number of dependents: \_\_\_\_\_ *Count the non-working family members in the responsible party's immediate household.*

Is responsible party working with any university, school, or community agency that will pay fees?  Yes  No

Insurance:  Private  VA  VCC  Medicaid  Medicare  None *CPSD neither files claims nor receives insurance payment.*

**CHILD'S HISTORY**

Child's emotional health?  Good  Fair  Poor

Has your child received counseling or psychotherapy in the past?  No

Yes (when? how long?) \_\_\_\_\_

Has your child been evaluated by a psychologist in the past?  No

Yes (when?) \_\_\_\_\_

Has your child been hospitalized for emotional or psychiatric reasons?  No

Yes (what? when?) \_\_\_\_\_

What is your child currently experiencing? (check all that apply)  aggression  anger  anxiety / panic  confusion  
 crying  depression  eating problems  fears  life adjustment problems  relationship problems  
 sleeping problems  social problems  substance abuse problems  withdrawal

If any checked, for how long: \_\_\_\_\_

Has your child experienced any of the following at school/work? (check all that apply)  behavior problems  detention / suspension  fighting  gang influence  lack of friends  learning disabilities  poor attendance  poor performance

If any checked, for how long: \_\_\_\_\_

Describe your child's current problems and concerns. \_\_\_\_\_

---

---

---

Has your child purposely hurt themselves?  No

Yes (describe) \_\_\_\_\_

---

Has your child purposely hurt another person?  No

Yes (describe) \_\_\_\_\_

---

Has your child experienced physical abuse?  Yes  No  Unsure

Has your child experienced sexual abuse?  Yes  No  Unsure

Has your child experienced emotional or verbal abuse?  Yes  No  Unsure

Child's physical health?  Good  Fair  Poor

Does your child have any serious or chronic medical or physical problems?  No

Yes (describe) \_\_\_\_\_

---

Is your child currently taking any medication?  No

Yes (names / dosages) \_\_\_\_\_

---

Primary-care doctor's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

What more do we need to know about your child? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---



## Center for Psychological Services and Development

Department of Psychology | College of Humanities and Sciences  
612 N Lombardy St | Box 843033 | Richmond, VA 23284-3033  
804 828-8069 | fax: 804 827-1269 | cpsd@vcu.edu | www.cpsd.vcu.edu

### EMAIL CONSENT AND SOCIAL MEDIA POLICY

This form contains important information about our policies regarding email communications and social media. Please read it carefully as it represents an agreement between you (I, your) and the Center for Psychological Services and Development (CPSD, we, us, our.) Our staff and your therapist can answer your questions.

CPSD uses email primarily to schedule appointments but this limited use carries some risks, such as:

- Email can be immediately broadcast worldwide and received by many intended and unintended readers.
- Email senders can easily misaddress an email.
- Backup copies of email may exist even after the sender or recipient has deleted the original.
- Employers and on-line services have a right to archive and inspect email within their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce system computer viruses.
- Email can be used as evidence in court.

#### HOW THE CPSD WILL HANDLE EMAIL COMMUNICATION

- We will include all email messages, other than those for scheduling, in your clinical record.
- We may forward emails to CPSD staff members such as the receptionist.
- We may ask CPSD staff to email you regarding administrative matters including your billing account and your contact information.
- We will not forward emails to independent third parties without your written permission, except as authorized or required by law.
- We cannot guarantee that email will be read and responded to within any particular period of time.
- We do not accept email for emergencies or other time-sensitive matters.
- We will not include sensitive information in emails and ask that you not email sensitive information to us.
- We strongly recommend the use of encrypted email. Our staff can explain the options available.
- We cannot take responsibility for the protection of personal email accounts.
- We will not engage in unlawful email communication.
- We ask to be informed if you change your email address.

#### MINOR CLIENTS

**CPSD staff and therapists do not communicate by email with clients under the age of 18.**

If you are a parent/guardian consenting to email communication concerning your child, please sign as the parent/guardian and provide *your* email address.

We require a separate consent form from each parent/guardian who wishes to exchange emails with the CPSD regarding a minor client.

---

**SOCIAL MEDIA POLICY**

**Text Messaging:** CPSD staff and therapists will not text message you, nor respond to text messages from you.

**Social Media:** CPSD staff and therapists do not communicate with any of our clients through social media platforms like Twitter and Facebook. If staff or therapists discover that they have accidentally established an online relationship with you, they are required to dissolve that relationship immediately.

**Websites:** The CPSD has a website that you are encouraged to access. If you have questions about any information on the website, discuss them with your therapist.

**Web Searches:** CPSD staff and therapists will not use web searches to gather information about you without your permission. If you encounter information about your therapist through web searches, or in any other fashion, please inform them so that any potential impact on your treatment may be discussed.

---

**CONSENT**

Client Name (please print) \_\_\_\_\_

Parent/Guardian or Authorized Representative Name (please print) \_\_\_\_\_

Relationship to client (please print) \_\_\_\_\_

\_\_\_\_ (initial) I have read and fully understand this consent form. I understand the risks of using email and I agree to the conditions outlined above. I understand that the CPSD does not accept email messages as emergency notification and does not guarantee a timely response or any response to email.

\_\_\_\_ (initial) I understand that CPSD staff and therapists will not respond to text messages from me (or my child) and will not communicate with me (or my child) through social media.

\_\_\_\_ (initial) I understand that CPSD staff and therapists will not conduct web searches to gather information about me (or my child).

\_\_\_\_ (initial) I have been given the opportunity to ask questions about the statements above and my questions have been answered to my satisfaction.

**Check one to give or deny permission:**

\_\_\_ I give permission for email communication.

Email:(please print) \_\_\_\_\_

\_\_\_ I do not give permission for email communication.

\_\_\_\_\_  
Client or Parent/Guardian/Representative Signature

\_\_\_\_\_  
Date