

# BH360

## Form for Parents to Fill Out and Give Their Therapist:

If you are seeking services for your child, we have created an easy-to use form that will guide the conversation with a mental health provider. This is intended as an initial step in seeking consultation/treatment, in hopes that it will help your future provider better understand your child's symptoms and potentially aid in treatment planning. Please feel free to fill it out and share it where necessary.

### A little Bit About My Child:

- Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Grade: \_\_\_\_\_
- Current School Supports (if any): \_\_\_\_\_
- Medications: \_\_\_\_\_
- Current Family Living with My Child: \_\_\_\_\_
- My Child's Strengths/Interests: \_\_\_\_\_
- History I Would Like You to Know: \_\_\_\_\_

### What I'm noticing in my child that brings me to seek treatment:

- Problem area 1: \_\_\_\_\_
  - Current symptoms I'm seeing for my child:
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
  - I started seeing these signs: (enter approximate start date)
  - Circle where these symptoms are affecting your child: school, home, peers
- Problem area 2: \_\_\_\_\_
  - Current symptoms I'm seeing for my child:
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
  - I started seeing these signs: (enter approximate start date)
  - Circle where these symptoms are affecting your child: school, home, peers
- Problem area 3: \_\_\_\_\_
  - Current symptoms I'm seeing for my child:
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
  - I started seeing these signs: (enter approximate start date)
  - Circle where these symptoms are affecting your child: school, home, peers

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## Form for Parents to Take with Them to Interview their Prospective Therapist:

It's important for you to know that, as your child's caregiver, you are empowered to find a therapist that best fits your child's and your family's needs.

When meeting a provider for the first time, it will be important to let them know the current symptoms you're worried about related to your child (See FORM1).

This form is designed to help you interview a potential therapist to see if they would be a good fit for your family.

To note, for some therapy practices, they offer a free, quick consultation prior to committing to starting treatment with them. This may be a great place to initially ask these questions:

1. What types of diagnoses do you typically see in your practice?
  - a. \_\_\_[open text box for parent to write in feedback]\_\_\_\_\_
2. What age ranges do you work with in your practice?
3. What experience do you have treating children with similar symptoms to my child?
4. What training do you have in providing evidence-based treatment for children with similar symptoms to my child?
5. What is your theoretical orientation(s)? [Note: Some providers may have a combination of approaches that they use, but it will be important that their approach speaks to you and your child's needs and is consistent with your values].

### Learning About their Treatment:

1. What is your overall approach to treating children with similar symptoms to my child?
2. How much will I be participating in treatment and helping set goals with my child?
3. What type of treatment do you think would be most helpful for my child? Why? What other options are there?
  - a. Is this evidence-based? If you're not recommending any evidence-based treatment, why not?
4. What should I expect from a typical session?
5. How long should I expect my child to be in treatment with you?
6. How will you be tracking if my child is making progress in treatment?

### Understanding The Logistics of Their Practice:

1. How long is each session?
2. How frequently do you typically meet with your clients?
3. What insurance do you accept?
4. How much does each session cost? Will I be charged for cancellations or no shows?