





Has the child had any past emotional or mental health difficulties? If YES, please provide details (i.e. diagnosis, how long):

Is the child presently taking any medication prescribed by a doctor? Please list medications:

Does the child have any physical health problems that we must know? If yes, please provide details.

Does the child have any allergies or fears of animals? If YES, please describe:

Has the child ever been assessed for an intellectual or developmental disability? If YES, please explain:

Please describe relevant background information that will help assist in therapy.

Does the child have a recent history of violence or aggressive behaviour towards others or animals? If yes, please state what had or may trigger the client to act out violently and aggressively?



Does the child have a history of any form of self-harming behaviour? If YES, please provide details.

Does the child have any suicidal ideations, attempts, or past attempts? If YES, please describe below:

Has the child had any recent drug/alcohol abuse or have a history of difficulties with substances? If YES, please provide details:

Who are the child's primary supports/attachments (i.e.: peers, teachers, caregiver, sibling)?

Are there any other areas of concern that we should know about that you feel may require support?

If you would like to see a specific Lil' Therapist, please write their name here:

Which of our two locations is the most convenient for you.                      St. Malo                      Winnipeg

How did you hear about us?



**PLEASE INCLUDE ANY RELEVANT PRIOR ASSESSMENTS OR INFORMATION PERTINENT TO OUR WORK WITH THIS CHILD**

**TO BE COMPLETED BY THE COUNSELLOR UPON COMPLETION**

**OUTCOME OF ASSESSMENT:**

**NOW SAVE YOUR FORM AND EMAIL IT DIRECTLY TO  
DIRECTOR@LILSTEPSWELLNESS.COM**