

Clinical Summary Form

Referring Professional _____

Client's Name _____ DOB: ____/____/____

Address _____

Parent/Guardian's Name _____

1. Your Professional Status:
____ Psychiatrist
____ Clinical Psychologist
____ Social Worker
____ School Counselor
____ Other (Please specify _____)
2. How long have you been associated with this child professionally?
3. Please describe the type and frequency of treatment/service you are providing for the child:
4. Please attach information about or summarize below your diagnoses and other relevant information about the child's problems.
5. Specifically, what social, academic or personal problems does the child show in school and/or with peers?
6. Describe the parent/guardian-child relationship. What are the major areas of conflict between them?

Big Brothers Big Sisters
of The Upstate

7. Do you feel that the parent/guardian will pose any problems if a Big Brother or Big Sister is assigned to the child? Please explain.

8. In what specific ways do you think a Big Brother or Big Sister can help the child?

9. If the child is accepted into our program, are you willing to continue the service you are presently providing?

10. Assuming acceptance, what type of individual, in your opinion, would best suit the child? Please be specific and include comments about age, background, etc.

11. Other comments:

Printed Name of Professional

Signature

_____/_____/_____
Date