



## **TOPS Program**

### ***Background Information Form***

How did you find out about TOPS? \_\_\_\_\_

Has your child been seen at 3-C before? (circle one) Yes No  
If yes, please provide the names of the clinician(s) he/she works with:

\_\_\_\_\_

Contact Information:

Child's Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
Who does the child live with? \_\_\_\_\_ If not both parents, please describe  
custody and visitation arrangements: \_\_\_\_\_

Address \_\_\_\_\_ Phone (h) \_\_\_\_\_  
\_\_\_\_\_ (w) \_\_\_\_\_  
\_\_\_\_\_ (c) \_\_\_\_\_

\*\*\*e-mail \_\_\_\_\_

Please describe any scheduling conflicts that may occur in the afternoons during the TOPS time period (**Note:** Due to high demand for the program, children are expected to be able to attend all sessions in order to be given a spot in TOPS. If students cannot or do not attend certain sessions, you will still be billed for that session. Exceptions to this policy may be made on a case by case basis):

\_\_\_\_\_  
\_\_\_\_\_

Child Information:

Provide a brief description of concerns that you hope to target through participation in the TOPS group:



List previous Medical, Psychiatric, or Learning Diagnoses, if any:

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(note: If your child has any previous reports from a psychologist/psychiatrist we may request that a copy of that information be provided prior to enrollment).

What other mental health treatments does your child currently receive (individual or family therapy, etc.)? With whom?

Does your child take any medications to improve feelings or behavior?    Yes    No  
If yes, what is the name and dose of the medication(s)?

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Does your child receive special educational services or accommodations for ADHD, learning disabilities, or other reasons?    Yes    No

If yes, please describe (list specific accommodations if possible and whether IEP or 504):

Please describe your child's future plans after high school (4 or 2 year college, trade school, enter the work force, etc.):

Any other information about your child or family that you believe would be helpful for us to know:

**\*\*New to 3-C?** Please note that if your child is new to 3-C Family Services and your child has not had a recent full psychological evaluation by another psychologist, you will be asked to participate in an intake appointment with Dr. Ahern prior to the start of the group in order to determine your child's needs and appropriateness for the group. There is an additional charge for this appointment. The majority of clients who participate in intakes also participate in the group, but it is possible that Dr. Ahern will determine that other treatments are more appropriate for your child or family. Referrals for other treatment will be made at that time.