



Dr. Scott Hamilton
Understanding Minds, PC
P.O. Box 98172
Atlanta, GA 30359
(317) 989-9799
Scott@understandingmindsatl.com

Please provide the following information. If you have any questions or are uncomfortable with any of the items, please discuss this with Dr. Hamilton.

Today's Date _____

Client's Name _____

Address and Zip Code _____

Home Phone _____

Client's Date of Birth _____

Name of Client's School _____ Grade in School _____

Parent's Name _____ Parent's Date of Birth _____

Parent's Place of Employment _____ Parent's Occupation _____

Parent's Cell Phone Number _____ Parent email _____

Parent's Work Phone Number _____

Other Parent's Name _____ Other Parent's Date of Birth _____
(if applicable)

Other Parent's Place of Employment _____ Other Parent's Occupation _____

Other Parent's Cell Phone Number _____

Other Parent's Work Phone Number _____ Other Parent's email _____

Names and Ages of Child's Siblings _____

Names of Step-Parents _____

Names of Anyone Else Residing in the Home _____

Previous Places Where your Child or Family has Received Counseling and/or Psychological Testing

Who Referred you to Dr. Hamilton? _____

What information about your child are you seeking to receive from this assessment?
