

Mommy Groove Therapy & Coaching Helping families from belly to baby and beyond.

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Name:
Phone number:
Email address:
Mailing address:
Date and time of appointment: Referral source:
1. Why are you reaching out for support now? What is the immediate challenge?
2. Your child's name, age, strengths and weaknesses.
3. Any other children? What role, if any, do they play in your child's issues?

4. How was your child's birth and first year? Any medical issues? Separations from you? Did you have postpartum depression? Was your child colicky? (If you are consulting Olivia primarily about one child, you only need to answer this for that one child.)
5. Any family history on either side of anxiety disorders, depression, bipolar disorder (manic depression), schizophrenia, or other issues?
6. What was your own childhood like?
7. What do you think is causing this issue?
8. What else have you tried to turn things around? How did it work?
9. Have you read the book, <u>Peaceful Parent, Happy Kids: How To Stop Yelling and Start Connecting</u> ?
10. Anything else you think Olivia should know?