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CHILD AND ADOLESCENT INTAKE FORM – TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

CLIENT INFORMATION Today's Date _____

Child's Name _____ Date of Birth _____ Age____

Home Address _____

City, State & Zip _____

Home: _____ Cell: _____

Email:_____

Please check preferred method of contact for appointment reminders and other communication:

Home Phone_____ Cell Phone_____ Text_____ Email_____

Child lives with: both biological parents _____ mother _____ father _____

mother & stepfather _____ father & stepmother _____ other: _____

If parents are divorced, describe custody arrangements:

_____

_____

_____

IN CASE OF EMERGENCY, NOTIFY:_____Relationship:_____

Address: _____ Phone :_____

FAMILY MEMBERS

Name	Relationship to Child	Age	Last Grade Completed in School	Occupation

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Health History

Is child currently receiving medical treatment? Yes _____ No _____

Briefly describe any medical conditions the child currently has and the name of treating physician(s):

_____

_____

Medication(s) currently using and dosage:_____

List child's sicknesses, operations, and injuries. Indicate age when occurred and describe how severe.

_____

_____

_____

When did your child last have a physical examination?_____ Name of physician_____

Previous Counseling/Therapy for child? Yes _____ No _____ If yes, when?_____

Where and with whom?_____

Have there been any previous psychological or psychiatric evaluations? Yes _____ No _____ If yes, when and with whom? _____

ACADEMIC/SOCIAL/SPIRITUAL INFORMATION

Name of school child attends:_____Grade:_____

Briefly describe any academic or social concerns related to your child's school experience:

_____

_____

_____

What does your child like to do for fun? What are their special interests and hobbies?

_____

_____

_____

What is your child's religious background? (denomination, attendance/membership, religious training received at home, concept of God, experience of spiritual community and friendships, etc.)

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_____
_____
_____

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Problem Areas: Place one check mark next to areas of concern for your child. Use two check marks to indicate areas of highest concern. Brief notes may be added, as needed.

Anger/Temper_____	Sexual Concerns_____
Depression_____	Thoughts of suicide_____
Education_____	Trouble making decisions_____
Family Problems_____	Unhappy most of the time_____
Fearfulness_____	Use of Alcohol_____
Marital Problems_____	Use of Drugs_____
Physical Problems_____	Work_____
Problems with Social Relationships_____	Worry_____
Problems with Children_____	Other(specify):_____

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Current Concerns

Briefly describe the problems which prompted you to seek counseling for your child at this time.

_____
_____
_____

Have there been times when the problem improved or disappeared? Yes _____ No _____
If yes, when?
_____

What do you think helped?
_____
_____
_____

Were there times when the problems were especially bad? Yes _____ No _____
If yes, when?
_____

What do you think made it bad?
_____
_____
_____

Are there other people who play a major role in causing your child's problems or in helping your child cope with their problems? Yes _____ No _____ Explain briefly_____
_____
_____
_____

Is there anything else that you believe might be important for your counselor to know at this time?

_____
_____
_____
_____

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I declare that I am the custodial parent or legal guardian of the child or adolescent described in this document and that I have the legal authority to bring him or her for counseling.

Signed:_____Date:_____
Please print name as signed, above:_____