

CHILD INTAKE FORM

PARENT - please complete this form for MINOR child.

Name:		Age:	Date:
Nickname:		Male/Female	Date of Birth:
Full Address:			
Home Phone: ()		Primary Cell Phone: ()	Parent E-mail:
Grade:		School:	Preferred contact: Home Cell Text E-mail
Caregiver/Mother's Name:	-----	Caregiver/Mother's Phone:	()
Caregiver/Father's Name:	-----	Caregiver/Father's Phone:	()
Who lives in the house?	Does your family have any animals? If so, describe.	What are your child/adolescent strengths?	
Does your child/adolescent smoke?	Does your child/adolescent use drugs?	Does your child/adolescent drink alcohol?	
How many hours does your child/adolescent sleep?	How many hours does child/adolescent play video games daily?	What are your child/adolescent's weaknesses?	
Does family have a spiritual or religious affiliation? Yes ____ No ____ If yes, briefly describe your faith or beliefs.			
Describe Present Health:			
Current Medications:			
Has your child/adolescent ever received mental health services (psychotherapy, psychiatric services, etc.)? Previous therapist?			
Why is your child/adolescent coming to counseling today?			
What do you hope your child/adolescent to achieve in counseling?			

Family Mental Health History

In this section identify any family history of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, great-grandpa, cousin, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety or Panic Attacks	yes/no	
Bi-Polar; Depression; Manic	yes/no yes/no yes/no	
Eating/Restricting of Food	yes/no	
Obsessing Behavior	yes/no	
Learning Disability	yes/no	
Schizophrenia (diagnosed)	yes/no	
PTSD/Trauma	yes/no	

Briefly explain any trauma (i.e. car accident; death in family or family pet; witness to a crime; separation/divorce or illness) experienced by your child:

Is your child/adolescent in Special Ed? Y/N IEP: Y/N 504 Plan: Y/N OHI: Y/N

Please circle area of disability on IEP: Emotional Physical Learning Processing

Has your child/adolescent ever been expelled or suspended from school? Y/N Reason:

Has your child/adolescent ever been involved in the legal system? Y/N

Reason: _____

If parents are separated or divorced who has legal physical custody? _____

Visitation Arrangements? _____