



Intake Form for Children & Adolescents

Name: _____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Name of parents/guardians:

(Last) (First) (Middle Initial)

(Last) (First) (Middle Initial)

My primary phone number: (____) _____ May we leave a message? _____

Any additional phone number: (____) _____ May we leave a message? _____

Email: _____ May we email you? _____

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Please list any of your child's siblings and their ages:

Is the custody of your child the subject of a custody or divorce order or decree? Yes* No

* If yes, a copy of any relevant legal documents must be provided to the treating counselor at the time of the intake session.

How did you hear about us? _____

School your child currently attends: _____ Grade: _____

Would you like the therapist to contact the school regarding your child?* Yes No

*The therapist will discuss this with you, and you will need to sign a consent if you'd like him or her to speak to someone at the school.

Has your child ever been disciplined at school for his or her behavior? Yes No

If so, please describe (e.g., suspended, given detention, expelled, etc. for fighting, disrespect, back talk, etc.): _____

What is your child's current academic standing? A student B student
 C student Currently failing or in danger of failing some classes

Has your child ever previously received any type of mental health services (e.g., psychotherapy, psychiatric services, Wraparound, etc.)?

No
 Yes, previous therapist/service and dates (e.g., Wraparound in 2012):

Is your child currently taking any prescription medication?

No
 Yes, please list:

Has your child been prescribed psychiatric medication in the past that he/she no longer takes?

No
 Yes, please list and provide dates (e.g., Concerta, 2013):

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your child's current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems he/she is currently experiencing:

2. How would you rate your child's current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems your child is currently experiencing:

3. In what types of exercise/sport does your child participate?

4. Please list any difficulties your child experiences with appetite or eating patterns.

5. Is your child currently experiencing sadness, grief or depression?

- No
- Yes

If yes, for approximately how long? _____

6. Is your child currently experiencing anxiety, panic attacks or have any phobias?

- No
- Yes

If yes, when did he/she begin experiencing this? _____

7. Is your child currently experiencing any chronic pain?

- No
- Yes

If yes, please describe: _____

8. Do you suspect that your child has experimented with alcohol?

- No Not applicable due to age
- Yes

9. Do you suspect that your child has experimented with illegal drugs?

- No Not applicable due to age
- Yes

10. Is your child currently in a romantic relationship?

- No Not applicable due to age
- Yes

If yes, for how long? _____

On a scale of 1 (poor) - 10 (great), how would you rate your satisfaction with your child's choice of boyfriend/girlfriend? _____

11. What significant life changes or stressful events has your child experienced recently?

FAMILY MENTAL HEALTH INFORMATION

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to your child in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	Yes / No	
Anxiety	Yes / No	
Depression	Yes / No	
Domestic Violence	Yes / No	
Eating Disorders	Yes / No	
Obesity	Yes / No	
Obsessive Compulsive Behavior	Yes / No	
Schizophrenia	Yes / No	
Suicide Attempts	Yes / No	

Please complete the following: My child is:

- My full biological child Adopted and aware of it
 Adopted and unaware of it Other (please explain): _____

Which statement best describes the relationship of your child's parents?

- Child's parents are currently married to each other
 Child's parents are currently divorced
 Child's parents were never married, but remain in a relationship together
 Child's parents were never married, nor do they currently have a relationship together
 Other (please explain): _____

Has your child ever witnessed domestic abuse? If yes, please circle all that apply:

- No
- Yes Emotional Physical Verbal
- Unsure

Has your child ever experienced abuse or neglect? If yes, circle all that apply:

- No
- Yes Emotionally Physically Sexually Verbally
- Unsure

If you are comfortable writing about the abuse, please share whatever you would like to share about it (by whom, when did it occur, for how long, etc.):

ADDITIONAL INFORMATION

1. Are you—the child’s parent/guardian—currently employed?

- No
- Yes

If yes, what is your current job title; what do you do?

Is your child employed?

- No Not applicable due to age
- Yes _____

2. Do you consider your family to be spiritual or religious?

- No
- Yes

If yes, describe your family’s faith or belief.

Is your child actively involved in the family’s faith or belief? If so, please describe (e.g., attends youth group, goes to weekly services, altar server):

3. Do you have any concerns about your child’s choice of social group—his or her friends?

4. What do you consider to be some of your child's strengths?

5. What do you consider to be some of your child's limitations?

6. What would you like to see your child accomplish with his/her time in counseling?

Please write anything else that you wish the counselor to know:
