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# Child Intake Form

Date: _____
Please complete this form as accurately as possible. This information will help me to know your family situation quickly. This material is considered confidential.

Name: _____ Age: _____
Gender:_____ Date of Birth: _____
Parents name(s): _____
Parents marital status: _____
Responsible Party:_____
Address: _____
City: _____ Zip: _____
Email address:
_____
Phone (home): _____ Cell: _____
Work: _____
Do we have permission to call/email/text you? Yes____ No_____ Best way to reach you?
_____
School: _____ Grade: ____ Religion: _____
People Living in Home (Include Pets):
_____
_____
Has Child had any individual or family counseling? If yes, please briefly describe.
_____
_____
Family History:
List any moves, deaths, divorces, or other significant losses and include the year, places, and age. Note any unusual emotional response or reaction.
_____
_____
_____
_____
How is anger expressed in your family? (Yell, hit, withdrawal, name-calling, other)_____
_____
How is affection expressed in your family? (Hugs, words, gifts, other)_____
_____
List any family history of mental illness, mental retardation, and drug/alcohol abuse: (What is the relationship of this person to child?) _____
_____
_____
Health History:_____
_____
_____
Medications:_____

List any pre-natal drug use, problems in birth, hospitalizations, or illnesses, including the year and age:_____
List any problems with eating, sleeping, or energy level:_____
_____
What are the child's eating habits?_____
_____
What are your child's sleeping habits? (Restful, nightmares, other)
_____
_____
Finances & Chores:
Does your child receive an allowance?_____
List your child's regular chores_____
_____
_____
_____
Social & Academic History:
How does your child get his/her social needs met?
_____
_____
_____
Is this method working? _____ Is child a loner? Yes_____ No_____ Does your child have friends of both sexes? _____
Recreation:
How does your child use spare time?_____
_____
_____
What kind of play/activities does child enjoy?_____
_____
_____
Describe child's scheduled activities (soccer, music lessons, etc.)_____
_____
_____
_____
How much TV does your child watch per week? _____ Favorite shows?_____
_____
_____
How much computer or video game time does your child engage in per week?
_____
_____
Are there siblings?_____
_____
_____
Discipline:
How do you discipline your child?_____
_____
Who disciplines child?
_____
Is there parental agreement on discipline? Yes/No  Please explain.
_____

_____

What are child's strong points, assets, abilities?_____

_____

_____

_____

What are your concerns that bring you to counseling at this time?_____

_____

_____

Is there anything else significant that this form did not ask and which you would like to add?

_____

_____

_____

What would you like your child to gain from counseling?

_____

_____

_____

What would you like to learn from your child's counseling experience?

_____

_____

_____

Child's Present Symptoms: (Please check all that apply)

Tension___ Severe Depression___ Poor Self Control___
Suicidal Behaviors___ Does Not Talk___Fearful___ Suicidal Statements___
Low Self Esteem___Excitable___ Poor Attention Span___Fatigue___
Hears Voices___ High Activity Level___Exhaustion___ Sees Visions___
Sloppy Table Manners___Headaches___ GI Symptoms___ Inhibited Self-Expression___Dizziness___ Sexual (or porn) Problem___ Low Frustration Level___Insomnia___ Drugs/Alcohol Abuse___ Feelings Hurt Easily___
Nightmares___ Eating Disorder___ Excessive Self -Criticism___Shy___
Repetitious Behaviors___ Does Not Finish Tasks___Irritable___ "Too Good"___
Does Not Respect Others___Withdrawn___ Extreme Modesty___
Excessive Desire To Please___Pouts___ Interrupts___ Frequently Recoils from Physical Contact___Worries___ Accident Prone___ Little Concern for Appearance___Perfectionist___ Poor Memory___ Excessive Demands for Attention___Blaming___ Excessive Fantasizing___ Unable to Tolerate Criticism___Impulsive Hair Pulling___ Does Not Seem to Listen___
Preoccupied___ Rapid Speech___Distractible___ Poor Loser___Lying___
Cries Easily___Angry___ Few Friends___Mumbles___ Cruel___ Stealing___
Feels Cheated___Destructive___ Lonely___Defiant___ Stubborn___