

**Nicole Taquino, LPC**  
**Parent Form for Child or Adolescent**  
**(For Completion by Parent)**

Date \_\_\_\_\_ Referral Source \_\_\_\_\_

Child/Adolescent

Name \_\_\_\_\_

Last

First

Middle

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

In case of emergency, I authorize Nicole Taquino, LPC to contact

Name

Home Phone

Cell Phone

**Legal Information**

If a child is not living with both natural parents, both adoptive parents, or only one living parent, Nicole Taquino, LPC requires a photocopy of the most recent legal document stating custody arrangements. This should consist of the cover page, the page specifying conservator(s), and signature page. Services will not be rendered if no copy is produced. Please initial here to indicate that you have read and understood this policy. \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ If so, when? \_\_\_\_\_

Is your child living with \_\_\_\_\_ both natural parents \_\_\_\_\_ one natural parent \_\_\_\_\_ guardian

If applicable, please explain the custodial agreement for your child

**Contact Information for Parent or Guardian Completing Intake**

Name of Parent/Custodian(s)

Relationship to Child \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_

Street City/State Zip Code

\_\_\_\_\_ Home phone \_\_\_\_\_ Permission to leave message yes no

\_\_\_\_\_ Cell phone \_\_\_\_\_ Permission to leave message yes no

\_\_\_\_\_ Work phone \_\_\_\_\_ Permission to leave message yes no

Place of Employment \_\_\_\_\_

Social Security Number \_\_\_\_\_

Marital Status \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Never Married

Would you be willing to be a part of your child's therapy? \_\_\_\_\_

**Contact Information for Other Parent or Guardian**

Name of Parent/Custodian(s) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_

Street City/State Zip Code

\_\_\_\_ Home phone \_\_\_\_\_ Permission to leave message \_\_\_\_\_

\_\_\_\_ Cell phone \_\_\_\_\_ Permission to leave message \_\_\_\_\_

\_\_\_\_ Work phone \_\_\_\_\_ Permission to leave message \_\_\_\_\_

Place of Employment \_\_\_\_\_

Social Security Number \_\_\_\_\_

Marital Status \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Never Married

Would you be willing to be a part of your child's therapy? \_\_\_\_\_

**Medical Information**

Child's Primary Care Physician \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Past medical conditions \_\_\_\_\_

Current medical conditions \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If so, list dates and reasons \_\_\_\_\_

Has your child ever been seen by another counselor/psychologist? \_\_\_\_\_ If so, who and for how long? \_\_\_\_\_

Has your child ever been evaluated for psychiatric treatment? If so, explain. \_\_\_\_\_

Is there any history of psychiatric illness in your family? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Is there any history of alcohol or drug abuse in your family? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

**Information about Your Family**

List the people currently living in the household:

Name	Relationship to Client	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immediate family members living elsewhere that are significant:

Name	Relationship to Client	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any history of physical, emotional, or sexual abuse in your family? \_\_\_\_\_ If so, please explain.

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What community resources, if any, are members of your family using? (twelve step programs, WIC, Hope's Door, Children's Advocacy Center, etc.)

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### **Concerns Bringing You to Counseling**

What concerns do you have about your child?

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How long have these concerns existed?

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Are you seeking services for possible court advocacy (custody issues, abuse testimony, etc.). \_\_\_\_ If yes, explain.

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Have others expressed concerns about your child?

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What do you think might be causing this behavior?

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Are you aware of any drug/alcohol use by your child? \_\_\_\_\_ If so, please explain.

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What have you tried to address your concerns?

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Describe your child's personality.

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Does your child have friends or activities that you don't approve? \_\_\_\_\_ If yes, please explain.

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Describe your relationship with your child.

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Have you noticed any changes in your child's grades? \_\_\_\_\_ If so, please explain.

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What school or extracurricular activities is your child involved in?

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What else would you like the counselor to know about you or about your child or the problems he or she is having?

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