

Standard intake questionnaire children

** indicates a required field*

Road to Ready Counseling, LLC.
9157 Atlee Road STE #A
Mechanicsville, Virginia 23116
7465 Old Hickory Drive STE #D
Mechanicsville, Virginia 23111
Phone: 804-404-8222

*** Why are you seeking counseling services for your child at this time? Is there something specific, such as a particular event? Be as detailed as you can.**

*** Has your child received treatment from a mental health professional before?**

- Yes
 No

*** Is your child currently on a medications? Please specify.**

*** If taking prescription medication, who is your child's prescribing MD?
Please include type of MD, name and phone number.**

*** Who is your child's primary care physician? Please include type of MD,
name and phone number.**

*** Has your child expressed suicidal thoughts?**

*** Has your child ever attempted suicide?**

*** Has your child expressed thoughts or urges to harm others?**

Yes

No

*** Has your child ever been hospitalized for a psychiatric issue?**

Is there a history of mental illness in your family?

*** Who lives in the home with your child?**

*** What school does your child attend?**

*** Please check any of the following your child has experienced in the past six months:**

- Depressed Mood
- Low self-esteem
- Tearful or crying spells
- Anxiety
- Low motivation
- Irritability
- Isolation
- refusal to comply with requests and rules made by parent
- refusal to comply with requests and rules made by teachers
- hyperactivity
- inattention
- arguing with parent
- arguing with teacher
- blaming others for misbehaviors
- refusal to complete school work

*** What else would you like me to know?**