



Child – Adolescent Intake Form

Child's Full Name:			
Parent/Legal Guardian (1):			
Parent/Legal Guardian (2):			
Child's Address:			
DOB:		Age:	Phone:
Parents/Guardian Telephone Numbers:	Home:	Work:	Cell:

Education Information

Is your child enrolled in school? YES/NO

What school does your child attend? _____

Standard/Form: _____

Has your child experienced any of the following at school? Circle all that apply.

fighting, suspension, lack of friends, gang influence, learning disabilities, incomplete homework, drug/alcohol use, poor attendance, behavioural issues, detention, poor grades

Has your child been a victim of bullying or bullied others? YES/NO



Medical History

Doctor's Name:	Phone:
Specialist:	Phone:

Please List any illness, disabilities, or medical conditions your child has been diagnosed with

Medical Condition:	Date of Diagnosis:

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Therapy/Psychiatric Experience

Is your child currently seeing another therapist? YES/NO

If yes who are you seeing? _____

Has your child ever been in therapy in the past? YES/NO

If yes, please describe the details below

Has your child ever had a psychiatric hospitalization? YES/NO

If yes, please describe the details below

Is your child under the care of a psychiatrist? YES/NO

Other History

Has your child ever experience any type of abuse (physical, sexual, emotional)? YES/NO

If yes, please describe:

Has your child ever expressed wanting to hurt themselves or someone else? YES/NO
Has he/she ever purposely hurt themselves or another? YES/NO
If yes, please describe the situation:

Has your child ever experienced any serious emotional loss (such as death or loss)? YES/NO
If yes, please explain:

Please list your child's strengths:

How would you describe your child's self-esteem:



Briefly describe your reason(s) for seeking help at this time:

**Has anyone in your child's family ever been diagnosed with Mental Illness? YES/NO
If yes, please describe:**

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPPA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/ authorized representative to who it pertains unless other permitted by law.

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