



Intake Information-Minors

Please answer all information as completely as possible. If applicable, both mother and father should complete it together.

Person Completing Form _____ **Relationship to Minor:** _____

Minor's Name: _____ **Date of Birth:** _____ **Gender:** ☐ M ☐ F

Preferred Name: _____ **Social Security Number:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Telephone: (____) _____ **Email Address:** _____

Permission to contact: Email ☐ Yes ☐ No Phone Call ☐ Yes ☐ No Text ☐ Yes ☐ No Mail ☐ Yes ☐ No

Parent/Guardian Relationship Status: ☐ Single ☐ Married (date) _____ ☐ Divorced (date) _____

☐ Separated ☐ Domestic Partnership ☐ Widowed (date) _____ ☐ Other _____

Minor's School and Grade: _____

Please list additional family members or other individuals living in the home with the minor:

Name	Relationship	Date of Birth	Employer/School

Is the minor currently receiving care for their health needs from a medical professional? ☐ Yes ☐ No

If YES, please fill in the following information:

Physician name: _____

Address: _____ Phone number: (____) _____

Individual(s) to contact in case of emergency:

Name(s): _____

Relationship: _____ Phone number: (____) _____

Relationship: _____ Phone number: (____) _____

Individual Concerns

Circle the following terms that pertain to the minor or any family members. Indicate concerns for minor with an “M” and concerns for family members with an “F”.

Nervousness	Health Problems	Marital Problems	Drug Usage	Depression
Shyness	Stomach Problems	Divorce	Alcohol Usage	Nightmares
Bowel Problems/IBS	Anger	Separation	Financial Problems	No Ambition
Loneliness	Insecurity	Affair	Problems w/Friends	Rumination
Frustration	Headaches	Problems w/ ex-spouse	Can’t Have Fun	Hormone Issues
Video Game Addiction	Memory Loss	Stress	Tiredness	School Problems
Self-Control	Sleeping Problems	Grief	Children	Weight Gain/ Loss
Autoimmune Disorders	Impulsivity	Parenting Problems	Career Choices	Temper
Fears	Anxiety	Relationship Problems	Problems w/Parents	Restricting Calories
Panic Attacks	Eating Problems	Legal Problems	Chronic Pain	Joblessness
Isolation	Suicidal Thoughts	Work Problems	Sexual Addiction	Trauma
Can’t Concentrate	Lack of Energy	Pornography Usage	Gambling Addiction	Physical Violence

What is going on in the minor’s life that brings them to therapy?

What kinds of stressors is the minor experiencing right now?

What important things about the minor would it be helpful for your therapist to know?

Physical and Emotional Health History

List any medical problems the minor currently has:

List any previous diagnosis the minor, parents, or siblings have been given (designate who was given the diagnosis):

Have you noticed the minor experiencing any recent changes in the following areas, please circle those changes?

A) vision, hearing, coordination, balance, strength, speech, memory, or thinking

B) energy, sleeping, eating, elimination, menstrual cycle, or sexual activity

List all medication the minor is currently taking or has been prescribed:

List any other counseling the minor or a member of your family is receiving or has received:

Has the minor ever been physically/sexually/emotionally abused (Circle to indicate which one(s))? No Yes

If YES, briefly describe: _____

Has the minor ever been hospitalized for mental or nervous problems? No Yes

If YES, when, where, and how long? _____

Has the minor ever attempted suicide? No Yes

If YES, when, where, and how? _____

Is the minor suicidal now? No Yes

Does the minor drink alcohol? No Yes **If YES, how often?** _____

Does the minor use drugs? No Yes **If YES, what drugs do you use and how often?** _____

Has the minor ever been arrested? No Yes **If YES, date(s) of arrest and reason?** _____

Is the minor currently involved in, or expected to be involved in any court-related matters? No Yes

If YES, please describe _____

What do you hope the minor will accomplish in therapy?

By signing this form, you are stating that you have answered all questions honestly and to the best of your knowledge about the minor and have the legal authority to enroll them in services.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____