

Croton Children and Family Counseling

Intake Form

Please complete the following intake form to provide us with relevant information about yourself and/or your family prior to beginning therapy services at Croton Children and Family Counseling. All information provided will be kept confidential in accordance with HIPAA regulations.

Client Information:

Name of Client:

Date of Birth:

Gender:

Preferred Pronouns:

Parent/Guardian Information (if applicable):

Name of Parent/Guardian:

Relationship to Client:

Contact Phone Number:

Email Address:

Referral Source (if any):

Primary Care Provider:

Reason for Seeking Therapy:

Briefly describe the reason(s) you are seeking therapy for yourself and/or your family:

Previous Therapy Experience:

Have you or your family members received therapy services before? If yes, please provide details about previous therapy experiences, including the therapist's name, duration of therapy, and any relevant information about the treatment received:

Medical and Mental Health History:

Please provide information about any medical conditions, mental health diagnoses, or medications currently being taken by yourself and/or your family members:

Family History:

Please provide information about your family background, including family structure, significant relationships, and any relevant family dynamics or history of mental health issues:

Goals for Therapy:

What are your goals for therapy for yourself and/or your family? What changes or improvements would you like to see as a result of therapy?

Other Information:

Is there any additional information you would like to share with your therapist(s) that you feel would be helpful for them to know?

Consent for Treatment:

I hereby consent to participate in therapy services provided by Croton Children and Family Counseling for myself and/or my family members. I understand that all information provided will be kept confidential in accordance with HIPAA regulations.

Client's Signature:

Date:

Parent/Guardian Signature (if applicable):

Date: