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Child/Teen Intake Form (For Parent/Guardian)

Client Information

Today's Date: _____ Referred by: _____

Child's Name: _____ Age: _____

Date of Birth _____ Grade: _____ Does the child attend church? ☐ Yes ☐ No

Child's Custodian/Guardian is/are: _____

Child's Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone #2: _____

Email Address: _____

Child lives with: ☐ Bio-Mom and Dad ☐ Bio-Mom only ☐ Bio-Father only ☐ Adoptive Parent(s)

☐ Bio-Mom & Step Parent/Boyfriend/Other ☐ Bio-Father & Step Parent/Girlfriend/Other

☐ Foster Care Provider ☐ Other: _____

Legal Custody is with: _____

Father's Information

Father's Name: _____ Age: _____

Father's Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Occupation: _____

Employer: _____

Father's Marital Status: ☐ Married ☐ Engaged ☐ Widowed ☐ Divorced ☐ Separated

☐ Live with Partner ☐ Other: _____

Mother's Information

Mother's Name: _____ Age: _____

Mother's Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Occupation: _____

Employer: _____

Mother's Marital Status: ☐ Married ☐ Engaged ☐ Widowed ☐ Divorced ☐ Separated

☐ Live with Partner ☐ Other: _____

Family Composition

Who currently resides in the same house as the child? Please include EVERYONE including any half or step siblings. Please indicate their full name, age and relationship to the child.

	Name	**Age**	**Relationship**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Client's Medical and Personal Information

Has your child had counseling before? ☐ Yes ☐ No When? _____

Counselor/Therapist Name: _____

Agency's Name: _____

Agency's Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Fax Phone: _____

Outcome: _____

Diagnosis: _____

Date of last medical exam: _____

Please rate your child's health: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Has your child ever been hospitalized? ☐ Yes ☐ No If so, please explain below.

_____

Is your child on medication? ☐ Yes ☐ No If so, please provide the following information.

	Name of Drug	**Dosage**	**For what?**
1.			
2.			
3.			
4.			
5.			
6.			

Does your child have an addiction? ☐ Yes ☐ No ☐ Uncertain If so, please explain below.

_____

Has your child had any previous trauma? ☐ Yes ☐ No ☐ Uncertain If so, please indicate what kind:

☐ Physical ☐ Emotional ☐ Sexual ☐ Abortion ☐ Witness to crime ☐ Victim of crime

Has your child ever been arrested? ☐ Yes ☐ No If so, for _____

Basic Information

What concern has caused you to bring your child in for counseling at this time?

What has been done about your concern up to this present time?

Has anyone in the family experienced similar problems?

What is your assessment of the child's personality? Strengths, weaknesses, etc.

How would your child describe the problem?

What is the current family situation?

How do the parents relate to each other?

What is the parent's style of discipline?

What are your expectations for this child?

How is the child different from other members of the family?

How does the child handle stress?

Is there any other information you think we should know about?

Basic Information

- ☐ Death of Parent(s)
- ☐ Divorce of Parents
- ☐ Separation of Parents
- ☐ Remarriage of Parents
- ☐ Death of close family member
- ☐ Personal injury or illness
- ☐ Fired from work
- ☐ Pregnancy
- ☐ Sexual Abuse
- ☐ Change in work responsibilities
- ☐ Change in parents work hours, conditions
- ☐ Change of financial status of parents
- ☐ Outstanding work achievement
- ☐ Trouble with in-laws
- ☐ Parent begins or ends work
- ☐ Jail term
- ☐ Starting or finishing school
- ☐ Change in living conditions
- ☐ Revision of personal habits
- ☐ Change of residence
- ☐ Change in schools
- ☐ Addition to the family
- ☐ Foreclosure of parent's mortgage or loan
- ☐ Change in family member's health
- ☐ Change in number of family gatherings
- ☐ Change in recreational habits
- ☐ Change in Social Activities
- ☐ Change in Sleeping Habits
- ☐ Brother/Sister leaving home
- ☐ Change in eating habits
- ☐ Vacation
- ☐ Christmas season
- ☐ Minor violation with the law
- ☐ Death of close friend

☐ Other _____