Megan Lukany, LCSW
Child/Teen Intake Form (For Child)

Your Name: _____

I would like you to call me _____ . I am _____ years

Old and my birthday is _____ . My favorite color is _____

My favorite television show is _____

My favorite thing to do is _____

I do not like when _____ happens

to me. And I get mad when _____

You'll know when I get mad, because I... _____

and I... _____

My best friend is _____

What are you good at? _____

_____

What do you like about yourself? _____

_____

What do other people like about you? _____

_____

Is there anything you are afraid of? _____

_____

If you had three wishes, what would they be?



Wish #1 _____

Wish #2 _____

Wish #3 _____

If you were an animal, what animal would you be? _____

_____

If anything in your life could be different, what would you want to change?

_____

_____

List three things that are important to you:

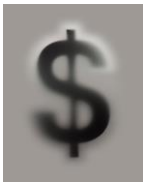
#1 _____

#2 _____

#3 _____

If you could go to the moon who would you take with you? _____

If you found a pile of money lying on the sidewalk, what would you buy with it?



_____

_____

I am... _____

Others are... _____

My world is... _____