

COUNSELING INTAKE FORM
Child & Adolescent

Date: _____ Name and relation of person completing this form: _____

Child's Name _____ M ___ F DOB: : ____/____/____

Age: _____ School: _____ Grade: _____ Teacher: _____ Doctor: _____

Parent/Guardian: _____ Lives with ___Y ___ N Primary residence ___ Y ___ N

Parent/Guardian: _____ Lives with ___Y ___ N Primary residence ___ Y ___ N

Parents are: _____ married _____ divorced _____ separated _____ living together (not married) _____ other arrangement

If biological parents are divorced or separated and not living together, which best describes the parenting agreement?

1. Parents share custody - child splits time between households - 50/50.
2. Parents share custody - child's primary residence is with _____ mother or _____ father.

Visitation is: _____ determined by court order (parenting plan) and allowed without supervision or limitations
_____ determined by court order (parenting plan) and allowed with supervision or limitations
_____ determined by court order (parenting plan) and is not allowed
_____ parental rights have been terminated contact/visitation is at the discretion of the custodial parent
_____ other: please describe: _____

Name(s): _____
(step - mother/fiancé/girlfriend) (step - father/fiancé/boyfriend)

Child's Primary Address: _____ City: _____ Zip: _____

Primary Phone: _____ secondary phone: _____ Email: _____

Secondary Address: _____ City: _____ Zip: _____

Secondary Phone: _____ Cell/alternate phone: _____ Email: _____

Siblings: Y ___ N ___ if so, please list below (if more than six siblings, list those that have the most contact with your child)

(first name of sibling) Age ___ M ___ F ___ full-sib ___ half-sib ___ step-sib ___ foster sib ___ lives at home ___

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Grandparents involved in child's life: Y ___ N ___ / ___ they do not live locally but visit and maintain phone/letters/email contact

Aunts, Uncles involved in child's life: Y ___ N ___ / ___ they do not live locally but visit and maintain phone/letters/email contact

Does the child have a significant friend(s) or bf/gf: Y ___ N ___

Why did you decided to bring your child in for counseling/therapy _____

How do you hope your child benefits from counseling: _____

How long have you had these concerns _____

Background Information

Marital Status: (Parent/Guardian) Single Married Divorced Separated (filing for divorce) Separated (hoping to reconcile)

Current Living Situation: Who lives with you? _____

Pets: Y N describe: _____

Education History: - Parent(s)

I did not finish High School GED High School Graduate 2-year college/technical college (AAS/AA)

BA/BS MA/M.ed/MS/MBA Ph.D/Ed.D/JD/MD Certification Program/Licensed Trade

Occupation _____ How long ? _____ Schedule/Hours: _____

I am currently unemployed Y N , if yes, how long? _____

I am currently on disability Y N , if yes, is it: short-term long-term/permanent

Your family's spiritual beliefs/practices (if any): _____

Child's hobbies/ _____ , _____ , _____

How would you describe your child? Check all that "fit"

very social and prefer to be around others

large number of friends& acquaintances

a few close friends

spend most or all of their free time with family/pets/alone

spend most or all of their free-time alone

they would like to be more outgoing but eel awkward or uneasy about social situations or how to make friends

Any significant health issues for child or close relative? Y N If yes, describe: _____

Significant problems in school/college? Y N If yes, describe: _____

Please check if your child or any other family members have experienced any of the following.

	Child	Siblings	Parents	Close friends
Abuse: _____ Emotional/Verbal _____ Physical _____ Sexual				
Domestic Violence				
Addictions (alcohol, drugs, prescription medication, gambling)				
Foster-care / CPS				
Adoption				
Divorce				
Significant trauma (natural disaster, war, combat, assault, accident)				
Serious injury or illness (cancer, diabetes, epilepsy, hospitalization)				
Homelessness				
Serious financial hardship (loss of home, bankruptcy, loss of business)				
Bullied or harassed				
Victim of crime (assault, burglary, theft, arson, auto-theft, robbery)				
Arrested for committed a crime				
Jail/prison				
Military - deployment, combat, injured/killed				
Dropped out of school				
Fired from job for disciplinary reasons and/or illegal activity				
Hospitalization for mental health reasons (suicidal, homicidal, psychosis, depression/bipolar)				

Have they ever had thoughts of suicide? Y ___ N ___ If so, when _____

Have they ever attempted suicide? Y ___ N ___ If so, when _____

Are you concerned about their safety now? Y ___ N ___ If so, why: _____

Has your child ever been hospitalized for a mental illness or suicidality ? Y ___ N ___ If yes, when did this occur and what were the circumstances: _____

Has your child had any previous Therapy/Counseling? Y ___ N ___ If yes, describe, when, where, how long, what for: _____

On a scale of 1-10, with 10 being the best possible and 1 being the worst, rate the following: skip those that don't pertain to your child.

School or work _____

Appearance/how others perceive them _____

Romantic relationships _____

Health and Wellness _____

Hobbies/recreational _____

Goals/plans - how do they look at their future _____

Financial affairs _____

Friendships/non-romantic relationships _____

Self-confidence _____

Overall how would you rate their quality of life right now? _____

Thank you for taking the time to complete this questionnaire, I'm confident it will make our time together more meaningful and productive

