Counseling West

Individual, Couple and Family Therapy

CHILD/ADOLESCENT

CONFIDENTIAL INTAKE FORM

IMPORTANT: Before you come for your appointment, please complete as much of this form as possible. Some of the questions might be difficult to answer, but please give your best effort. Please do your best to describe the situation as it is. This form is confidential and will not be released to others without your written permission.

TODAY'S DATE: _____

MINOR'S LEGAL LAST NAME FIRST			MINOR'S NICKNAME
ETHNICITY	AGE	DATE OF BIRTH: MM / DD / YEAR	GENDER

PARENT GUARDIAN CONTACT INFORMATION

PARENT/s or GUARDIAN/s NAME	AGE	PARENT/s GUARDIAN/s NAME	AGE
PARENT/s or GUARDIAN/s SIGNATURE/s		PARENT/s or GUARDIAN/s SIGNATURE/s	
PHONE NUMBERS (best number to reach you)		PHONE NUMBERS (best number to reach you)	
ADDRESS		ADDRESS	

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FAMILY RELATIONSHIPS

Who is raising the minor? (Circle all that apply)

Biological parents **Parent and step-parent** **Foster parents**

Single Parent **Adoptive parents** **Relatives**

Other_____

_____

_____

Does child live in more than one household? Y N With Whom? _____

Marital Status of biological/adopted parents: Married___ Separated___ Divorced___ Other_____

Date of Marriage: _____ Date of Divorce: _____

Date of Separation: _____ Date of Remarriage: _____

Date of Adoption: _____ Does the minor know? _____

Date of parent's death: _____

If biological/adopted parents are not together, they share (circle answer):

Joint legal custody Joint physical custody

If custody is not shared, which parent has sole legal custody? _____
A copy of legal custody papers is required before treatment of minor

Minor's brothers and sisters

Last NAME First NAME	Age	Gender	LIVING WITH WHOM?	OTHER PERTINENT INFO (ADOPTED DECEASED, HEALTH ISSUES, ETC.)

Any current or past issues in the household that could be affecting your child: Y N
Explain:

_____

_____

_____

Who disciplines your child? _____

How do you discipline your child? _____

Childs reaction to discipline: _____

PEER RELATIONSHIP AND RECREATION

How many friends does your child have? _____

Does your child have best friends? Y N Age of best friend_____

Type of playmate/s your child prefers? _____

How your child gets along with peers: _____

_____

How your child spends free time: _____

_____

Special interests, hobbies, or sports: _____

_____

EDUCATIONAL HISTORY

Did your child attend preschool? Y N Where? _____

How did your child adjust? _____

Did your child attend kindergarten? Y N Where? _____

How did your child adjust? _____

Current grade of child: ___ Teacher's name: _____

School: _____ Teacher's phone #: _____

How well is your child doing in school? Poor Fair Good Excellent

Does your child have any current problems in school? Y N Explain: _____

_____

Is your child in any special or remedial classes? Y N Explain: _____

_____

CLIENT AND FAMILY MENTAL HEALTH/SUBSTANCE ABUSE HISTORY

Has your child ever received counseling before? **Y** **N** ***if yes, complete below***

Name of Agency and/or therapist Date/s and focus of treatment

1._____ _____

2._____ _____

3._____ _____

Has your child ever been suicidal? **Y** **N** ***if yes, please explain below***

_____

_____

Is your child taking any prescriptions/medications? **Y** **N** ***if yes, please list names and dosages***

_____

_____

Does anyone in your family have any mental health problems/hospitalizations? **Y** **N** **Explain:**

_____

Has anyone in your family been given a psychiatric diagnosis? **Y** **N** ***if yes, list person/diagnosis***

_____

_____

Has or does anyone in your family use/d drugs or alcohol? **Y** **N** ***if yes, please describe below***

INDIVIDUAL	SUBSTANCE	DATE LAST USED	PERIOD OF USE	FREQUENCY DAILY/WK/MO	AMOUNT PER OCCASION

MEDICAL HISTORY

Any major illnesses and surgeries: Y N Explain: _____

Any accidents or head injuries: Y N Explain: _____

Any high fevers or seizures: Y N Explain: _____

Any congenital defects/disabilities: Y N Explain: _____

Any other medical conditions: Y N Explain: _____

Name of current physician: _____ Office Phone #: (____) _____

Address of physician: _____

Date of last physical exam: _____

Has your child ever been hospitalized? Y N Explain: _____

Has your child previously undergone educational or neurological evaluation? Y N Explain:

Where: _____ When:_____

Findings: _____

Does your child have allergies or drug sensitivities? Y N Explain: _____

_____

Please list any continuous medications your child has previously taken or is currently taken:

_____

DEVELOPMENTAL HISTORY:

Age of mother at birth: _____ Birth Weight: _____ Birth Height: _____ APGAR Score: _____

Complication during pregnancy: Y N Explain: _____

Complication during delivery: Y N Explain: _____

Post Partum complications: Y N Explain: _____

Walking: _____Months Talking: _____Months Toilet Training: _____Months

Were there any developmental problems with coordination or speech: Y N Explain:

_____

_____

_____

IMPORTANT: Please list any developmental issues and/or outside stressors during your child's development. If none, please write note.

DEVELOPMENTAL MILESTONES (Describe if NOT within normal limits as listed below)	ENVIRONMENTAL STRESSORS Moves, school, separation, losses of fam/friends Changes in family composition, illnesses, violence, abuse
INFANCY (0-3 YEARS)	**INFANCY (0-3 YEARS)**
Motor: sit, crawl, walk Speech; Eat; Sleep: Toilet Training Coordination	
EARLY YEARS (4-6)	**EARLY YEARS (4-6)**
Social Adjustment Separation Sexual Behavior Self-Care	
LATENCY (6-11)	**LATENCY (6-11)**
School Adjustment Peer & Adult relations Interest/Hobbies Impulse Control Self-Care	
ADOLESCENCE (12+)	**ADOLESCENCE (12+)**
Separation/Individualism Relationships Independence Moral Development	

Briefly state what you consider to be the reason for the child's problem:

_____

_____

_____

How do you hope therapy can help your child and your family? _____

_____

Do you have any special concerns about your child's use or abuse of drugs, sexual behavior, strong fears, issues with the death or hospitalization of a family member, or loss and/or death of a pet?

_____

_____

_____