☼ Child/ Adolescent Counseling Intake Form ☼

Child's Name_____ Today'sDate_____

Home Address_____ (may receive mail yes/no)

City_____State_____ Zip_____

Parent Work phone _____ (may call yes/ no; may leave message yes/ no)

Parent Cell phone_____ (may call yes/ no; may leave message yes/no)

Parent Email address _____ (may email yes/no)

home #_____

Date of birth_____ age _____ gender ___ male ___female

Who were you referred by? _____

Contact person in case of emergency _____

Phone # _____ Relationship _____

What kind of services are you seeking for your child/ adolescent?

____Individual counseling ____ court ordered, parole, probation, mandated

____Group counseling ____Brief problem solving ____Required letter/ documentation

____Child services required

Describe your reason for seeking help.

What goals do you have for counseling?

1.

2.

3.

4.

5.

Child/ Adolescent School _____

Current Grade_____

Current Activities involved in/out at school_____

Previous Activities in/out of school_____

Any changes occurring in Child/Adolescent's life in the last 6months?_____

List any difficulties at school with academics or socially_____

_____

_____

_____

List (name and ages) those who live in Child/ Adolescent 's household	**List people who have had a significant impact in Child's/ Adolescent's upbringing**
1_____	**1.**_____
2._____	**2.**_____
3._____	**3.**_____
4._____	**4.**_____
5._____	**5.**_____
6._____	**6.**_____
7_____	**7.**_____

Check (all that apply) how your Child/ Adolescent generally gets along with other people:

___affectionate ___aggressive ___avoidant ___fight/ argue often ___follower

___friendly ___leader ___outgoing ___shy/ withdrawn ___submissive

Has your Child/adolsecent ever been prescribed psychotropic medications ie. for stabilizing moods or erratic thought patterns? If so, what are they?

Does your child/ adolescent currently or have you ever had thoughts of hurting yourself or someone else? Yes/ no If yes, please explain.

Have your child/ adolescent experienced any physical or sexual abuse? If so, please explain.

Has your child/ adolescent been to counseling before? ____no ____yes

With whom? _____

Approximately how long?_____

Was this experience helpful? ____no _____ yes

Have you ever been hospitalized for mental health reasons? _____no ____yes

Briefly explain with doctor's name and dates of hospitalization.

Does anyone in your household or family suffer from alcoholism, eating disorder, depression, or anything that may be considered a mental disorder? Briefly explain.

Parents/ Family Member's Military Background

Have you or any one close to you been in active duty in the last ten years? Yes/ no

Who? _____

How long? _____

Where? _____ Branch _____

Enlisting date _____ Rank _____

Discharge date _____

Child/ Adolescent Medical Information

List your primary care physician_____

Phone # _____

Address _____

Do I have permission to exchange relevant information with your doctor? yes/ no

Parent signature _____

Has child/adolescent had any recent surgeries or recent trips to ER? Yes/no If yes briefly explain.

_____

_____

How do you rate your child/ adolescent's physical health? ____excellent ____good ____fair ____poor

Date of last doctor's visit?_____

Check if there have been any recent changes in the following

___sleep patterns ___eating disorders ___behavior ___energy level

___physical activity level ___general disposition ___weight ___nervousness/ tension

Describe changes in the areas in which you checked._____

_____

_____

_____ __

List current medications and dosage

List current/ prior major illnesses and Disabilities

Father Martial status ___married ____divorced ____separated ____widowed

___ length of time ____length of time ____length of time ____length of time

___single (never married), not dating ____single (never married), dating

Name of Stepmother_____

Mother Martial status ___married ____divorced ____separated ___widowed

____ length of time ____length of time ____length of time ____length of time

____single (never married), not dating ____single (never married), dating

Name of Stepfather_____

Mother current occupation_____

Place of employment _____

Circle all that apply. Part time / full time / self-employed / student / returning to work

Highest level of education _____

Current religious affiliation _____

How important are spiritual matters to you? ___not ___little ___moderate ___much

Father current occupation_____

Place of employment _____

Circle all that apply. Part time / full time / self-employed / student / returning to work

Highest level of education _____

Current religious affiliation _____

How important are spiritual matters to you? ___not ___little ___moderate ___much

Parents Legal Issues

Are you currently involved in a custody case? ____ no ____yes If yes please explain _____

_____

_____

Are you currently involved in a legal case? _____no ____yes If yes please explain _____

_____

_____

Have you ever been convicted of a crime? Yes/ no If yes, please explain. _____

_____

_____

Sexual orientation of adolescent :_____ comments:_____

Sexual dysfunction ___no ___yes (describe) _____

_____

Any current or previous issues of being a sexual perpetrator? ___no ___yes (describe)_____

_____

Substance abuse status for <u>Mother</u>

___no history of abuse
___active abuse
___early full remission
___early partial remission
___sustained full remission
___sustained partial remission

Treatment History (include ages)

___outpatient_____
___inpatient_____
___12–step program _____
___Stopped on own_____
___other _____

Substance Abuse History for <u>Mother</u>

Check and complete all that apply

	Frequency	Amount
___alcohol	_____	_____
___amphetamines/ speed	_____	_____
___barbiturates/ owners	_____	_____
___caffeine	_____	_____
___cocaine	_____	_____
___crack cocaine	_____	_____
___hallucinogens (ie. LSD)	_____	_____
___inhalants	_____	_____
___marijuana or hashish	_____	_____
___nicotine/ cigarettes	_____	_____
___PCP	_____	_____
___prescription	_____	_____
___other	_____	_____

Substance abuse status for <u>Father</u>

___no history of abuse
___active abuse
___early full remission
___early partial remission
___sustained full remission
___sustained partial remission

Treatment History (include ages)

___outpatient_____
___inpatient_____
___12–step program _____
___Stopped on own_____
___other _____

Substance Abuse History for <u>Father</u>

Check and complete all that apply

	Frequency	Amount
___alcohol	_____	_____
___amphetamines/ speed	_____	_____
___barbiturates/ owners	_____	_____
___caffeine	_____	_____
___cocaine	_____	_____
___crack cocaine	_____	_____
___hallucinogens (ie. LSD)	_____	_____
___inhalants	_____	_____
___marijuana or hashish	_____	_____
___nicotine/ cigarettes	_____	_____
___PCP	_____	_____
___prescription	_____	_____
___other	_____	_____

Child Checklist of Characteristics

Name: _____ Date: _____

Age: _____ Person completing this form: _____ Relationship: _____

Many concerns can apply to both children and adults. Then review this checklist, which contains concerns (as well as positive traits) that apply mostly to children, and mark any items that describe your child. Feel free to add any others at the end under "Any other characteristics."

- ❑ Affectionate
- ❑ Argues, "talks back," smart-alecky, defiant
- ❑ Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- ❑ Cheats
- ❑ Cruel to animals
- ❑ Concern for others
- ❑ Conflicts with parents over rule breaking, money, chores, homework, grades, choices in music/clothes/hair/ friends
- ❑ Complains
- ❑ Cries easily, feelings are easily hurt
- ❑ Dawdles, procrastinates, wastes time
- ❑ Difficulties with parent's paramour/new marriage/new family
- ❑ Dependent, immature
- ❑ Developmental delays
- ❑ Disrupts family activities
- ❑ Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules
- ❑ Distractible, inattentive, poor concentration, daydreams, slow to respond
- ❑ Dropping out of school
- ❑ Drug or alcohol use
- ❑ Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats
- ❑ Exercise problems
- ❑ Extracurricular activities interfere with academics
- ❑ Failure in school
- ❑ Fearful
- ❑ Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- ❑ Fire setting
- ❑ Friendly, outgoing, social
- ❑ Hypochondriac, always complains of feeling sick
- ❑ Immature, "clowns around," has only younger playmates
- ❑ Imaginary playmates, fantasy
- ❑ Independent
- ❑ Interrupts, talks out, yells
- ❑ Lacks organization, unprepared
- ❑ Lacks respect for authority, insults, dares, provokes, manipulates

(cont.)

- ❑ Learning disability
- ❑ Legal difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
- ❑ Likes to be alone, withdraws, isolates
- ❑ Lying
- ❑ Low frustration tolerance, irritability
- ❑ Mental retardation
- ❑ Moody
- ❑ Mute, refuses to speak
- ❑ Nail biting
- ❑ Nervous
- ❑ Nightmares
- ❑ Need for high degree of supervision at home over play/chores/schedule
- ❑ Obedient
- ❑ Obesity
- ❑ Overactive, restless, hyperactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- ❑ Oppositional, resists, refuses, does not comply, negativism
- ❑ Prejudiced, bigoted, insulting, name calling, intolerant
- ❑ Pouts
- ❑ Recent move, new school, loss of friends
- ❑ Relationships with brothers/sisters or friends/peers are poor—competition, fights, teasing/provoking, assaults
- ❑ Responsible
- ❑ Rocking or other repetitive movements
- ❑ Runs away
- ❑ Sad, unhappy
- ❑ Self-harming behaviors—biting or hitting self, head banging, scratching self
- ❑ Speech difficulties
- ❑ Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors
- ❑ Shy, timid
- ❑ Stubborn
- ❑ Suicide talk or attempt
- ❑ Swearing, blasphemes, bathroom language, foul language
- ❑ Temper tantrums, rages
- ❑ Thumb sucking, finger sucking, hair chewing
- ❑ Tics—involuntary rapid movements, noises, or word productions
- ❑ Teased, picked on, victimized, bullied
- ❑ Truant, school avoiding
- ❑ Underactive, slow-moving or slow-responding, lethargic
- ❑ Uncoordinated, accident-prone
- ❑ Wetting or soiling the bed or clothes
- ❑ Work problems, employment, workaholism/overworking, can't keep a job

Any other characteristics: _____

Please look back over the concerns you have checked off and choose the one that you most want your child to be helped with and circle it.