CHILD INTAKE Information

(This is to be filled out with or without the child)

Today's Date___________

CHILDS' NAME:__________________

Guardian Information below

Parental Guardian(s)________________________________ **Referral Source:**____________________

Address__________________________ Home Ph: ______________________OK to leave msg? Y/N

________________________________ Cell Ph(s):______________________OK to leave msg? Y/N

Childs' Date of Birth____________________ Work Ph(s): ______________________OK to leave msg? Y/N

Occupation(s):______________________________ Total Household income____________

Highest Grade of Education____________________

Place(s) of Employment:_________________________________ City(ies)______________________

Relationship Status: Single__ Married__ Divorced__ Cohabitating__ Widowed__

How Long?____

Previous Marriages: (please give number, year married, year divorced or widowed):______________

____

1. Please list the name, sex and birthdates of those living in your home besides the child. This would include children, spouses, partners and/or any relatives. Include joint custody relationships outside the home. Please denote relationship to child e.g. "mom." *Make a star next to those relationships **outside** of the home.*

Name	Sex	Age as of Today's Date (DOB if possible)

PRESENT LIFE:

2. Please indicate all that currently apply in the Childs life. Please place a checkmark for what your child is experiencing to the best of your knowledge. If possible have the child fill this out with you. Please circle anything

that a member of the household may be experiencing. For example you may checkmark "blames others" for the child you are bringing in and also circle it because the child's parent or brother is also doing it.

__Threats of killing or hurting self __Any kind of reference to killing or hurting self

__Threats of killing someone else __Any kind of reference to killing someone else

__Hear or see things others do not __Self injury __Fire Setting __Arrests

__Exposure to traumatic event __Bed wetting __Stealing __Argumentative

__Avoidance of responsibility __Secretive __Irritable mood __Racing thoughts

__Over-tired or easily fatigued __Eating Problems __Muscle Tension __Hurting animals

__Unable to keep friends __Day wetting __Worry a lot __Tearful

__Not "up to potential" __Angry mood __Vandalism __Lying

__Frequent physical complaints __Nightmares __"Flash-backs" __Blames others

__Shortness of Breath __Lots of energy __Truancy __Repetitive Behaviors

__Exaggerated sense of worth __Hopelessness __Helplessness __Drug/alcohol abuse

__Mood goes up and down a lot __Frequent conflict __Fearful __Poor decisions

__Sad most of the time __Delinquency __Night terrors __Extreme shyness

__Strong sense of right and wrong __Spiritual problem __Weight problem __Lack confidence

__Tics/other involuntary movements __Interrupting others frequently __Acting without thinking

__Not interested in things __Recurring thoughts __Hard to remember things

__Hard to concentrate __Difficulty sleeping __Hair pulling

__Prescription drug abuse __Disobediance __Soft Pornography

__Hard Pornography __Internet relationship(s) __Fornication

__Poor Grades __Good Grades __Fighting at School

__On **I**ndividualized **E**ducation **P**lan __Reclusion __Friends are "bad influence"

GROWING UP:

3. **Developmental History:** Please indicate all that apply using checks and circles. This section focuses on the child's experience including being in mom's tummy up until 3 years of age.

__Pregnancy Difficulties/abnormalities __Medication during pregnancy __ Excessive fears

__Walking/gross motor problems __Difficulties during pregnancy __Difficult to comfort

__Alcohol/illegal drugs during pregnancy __Speech/Language Problems __Eating non foods

__Hand coordination/fine motor problems __Overly social/friendly __Exposure to lead

__Poor attachment to parents/caregivers __Problems eating as a baby __Problems sleeping as a baby

__Did not meet developmental milestones __Medication during pregnancy __ Premature birth
__Away from parents for a long time __ Overweight at birth __Underweight at birth
__Avoidance of eye contact __ Not wanting touch __Slow response to "call"
__Repetative movements __Loss of previous abilities __"Clingy"
__Tearfulness when rules/structure was not followed __Early development __ Other (Please explain*)
*Other Explained:____

4. **Experiential History:** Indicate what the child has experienced as life until now.
__Death in the family __Unemployment __Financial stress __Crime Victim
__Basic needs not met (food/shelter/clothes) __Violence in home __Frequent moves __Natural disaster
__Living in constant fear __Parental illness __Emotional abuse __ Parental Divorce
__Strong feelings of guilt or shame __Weight issues __Parental/Guardian separation
__ Police confrontation of self __Witness to drug abuse __Witness to adults fighting (physical)
__ Police confrontation of parent/guardian __Fights at school __Poor Grades __Good Grades
__Alcohol or drug abuse (indicate by whom and when):__________________________________
__Sexual or physical abuse (indicate by whom and when):________________________________
__Known family history of physical or sexual abuse:___________________________________
____

5. Overall family-life growing up is/was: (please use circles and checks)
__Supportive __Loving __Chaotic __Confusing __Affirming
__Strict __Hostile __Safe __Unsafe __Negative

6. Has the child or any family members ever had any type of counseling before? If so, please list the dates, with whom, and for what purpose.

7. Has anyone in the immediate family ever seriously considered or attempted suicide? If so, please explain.

8. Is the child or any immediate family members currently taking any medications? If so, please list the medication, purpose, and prescribing physician.

9. Take a moment to describe any of the above circles or checks that you feel might need some explanation such as your view point on alcohol use, Witness to fighting, traumatic events, etc.

10. Does the child eat balanced meals regularly?

11. Does he/she regularly exercise? Please specify.

12. Please describe him/her spiritually. By this I am not asking for theology but merely how his/her spirituality takes shape and affects general life and/or daily life.

13. Describe what is causing the most stress and/or concern at this time.

14. As specifically as possible, what are your expectations of counseling?

15. Do you have any concerns about the counseling process?

16. What is his/her favorite thing to do?

17. What are the child's greatest accomplishments?

18. Does the child like his/her teacher(s)? Explain

19. What is the most urgent goal?

20. Have you received copies of the counseling services brochure and Professional Disclosure Statement?________
21. Do you understand the "payment for services" portion of the Professional Disclosure Statement?________
22. Do you understand that your counselor ***will not*** be available for crisis intervention or emergencies, and have you been informed of where to call if you have an emergency?________

I have done my absolute best to answer these questions honestly and as complete as possible.

______________________________ ______________________________
Signature (Parent) Signature (Child)