



R³ Counseling & Consulting Services

CHILD/ADOLESCENT INTAKE FORM

Please provide the following information for our records. Leave blank any question you would rather not answer or would prefer to discuss with your therapist. Information you provide here is held to the same standards of confidentiality as our therapy.

Date: ____/____/____

IDENTIFYING INFORMATION

Name of Child: _____ Sex: Male / Female

Birth date: _____ Age: _____ Place of Birth: _____

Address _____

City _____ State _____

Zip: _____

Home Number: _____ Cell: _____

Ethnicity: American Indian or Alaskan Native Asian American Black/African American
 Hispanic Multiracial Pacific Islander White Other _____

Current School: _____

Okay to leave messages? Yes No

Email Address: _____

Family Information

Father's Name: _____ D.O.B.: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

Employer: _____

Position: _____

Mother's Name: _____ D.O.B.: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

Employer: _____

Position: _____

Name of brother/sister	Age	How related? Full/Half/Step/Other	Relationship Good/Fair/Discord

Current Concerns:

Reasons you seeking counseling for your child?

How long have these problems occurred?

Problems perceived to be (Please circle):

Very serious Serious Somewhat Serious Not serious

What happened that makes you seek help at this time?

What changes would you like to see in your child?

What changes would you like to see in you?

What changes would you like to see in your family?

Has the child ever seen a therapist/psychologist/counselor before? Yes No If yes, please explain:

Current Family Situation:

Who currently resides in the home with the child?

Marital history of the biological parents:

Married Separated Deceased Divorced Never Married

Does the child have a step-parent? Yes No

How long has the step-parent been in the child's life? _____

Describe the child's relationship with the step-parent:

Does the child have a step-father? Yes No

How long has the step-parent been in the child's life? _____

Describe the child's relationship with the step-parent:

If the child is adopted:

Age when child came into the home: _____ Date of legal adoption: _____

Reason and circumstance for adoption:

When was the child told?

What has the child been told?

Please list where the child has resided and with whom throughout his/her life:

Was the child ever placed, boarded, or lived away from the family? Yes No If yes, please explain:

What are the major family stressors at the present time, if any?

HEALTH OF THE FAMILY MEMBERS:

Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (circle any that apply and list family member, e.g. sibling parent, uncle, etc.)

Difficulty	Yes / No	Family member
Depression	Yes / No	
Bipolar disorder	Yes / No	
Anxiety disorder	Yes / No	
Panic attacks	Yes / No	
Schizophrenia	Yes / No	
Alcohol/Substance abuse	Yes / No	
Eating disorders	Yes / No	
Learning disabilities	Yes / No	
Trauma history	Yes / No	
Suicide attempts	Yes / No	
Chronic illness	Yes / No	
ADHD/ADD	Yes / No	

CHILD HEALTH INFORMATION:

Note all health problems the child has had or has now:

Age		Age		Age	
	High Fever		Dental problems		Allergies
	Weight Problems		Flu		Convulsions
	Encephalitis		Meningitis		Head Injury
	Unconsciousness		Concussions		Tonsils Out
	Fainting		Dizziness		Earaches
	Vision Problems		Hearing Problems		Headaches
	Skin Problems		Asthma		Migraines
	Stomach problems		Accident prone		Anemia
	High Blood Pressure		Low Blood Pressure		Sinus Problems
	Heart Problems		Hyperactivity		STD
	Infectious Disease		Pneumonia		Other Illnesses:

Please Explain:

Has the child ever been admitted to a psychiatric hospital? Yes No If yes, please explain:

Age Admitted:	How Long:	Reason/Diagnosis:	Recommendations

*Please list additional information on the back of this page.

Has the child ever taken or is he/she taking any prescribed medications? Yes No If yes, please explain:

Age:	Medication:	Dosage/When taken:	Reason for Medication:	How Long:

*Please list additional information on the back of this page.

Name of Primary Care Physician(s)

Phone Number(s)

Address

Is the child having any problems with sleep? Yes No If yes, check where applicable:

- Sleeping too little
 Sleeping too much
 Poor quality sleep
 Disturbing dreams
 other _____

DEVELOPMENTAL MILESTONES:

Age at which child:

Sat up _____	Crawled _____
Walked _____	Spoke single word _____
Bladder trained _____	Bowel trained _____
Weaned _____	Spoke sentence _____

EARLY SOCIAL DEVELOPMENT:

Describe the child’s interaction with siblings and peers:

Describe the child’s special habits, fears, or idiosyncrasies:

EDUCATIONAL HISTORY:

<u>Name of School</u>	<u>Dates Attended</u>	<u>City/State</u>	<u>Grades Completed</u>
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Is the child enrolled in any special ed./gifted/specially modified classes? Yes No If yes, please explain:

Has the child ever been retained or skipped a grade? Yes No If yes, please explain:

Does the child attend school on a regular basis? Yes No

Does the child appear motivated for school? Yes No

What are the child’s grades?

What is the child’s favorite class?

Least favorite class?

Has the child been suspended or expelled? Yes No If yes, please explain:

Does the child participate in extracurricular activities? Yes No If yes, please explain:

How many friends does the child have in school/in neighborhood?

What are the child's educational aspirations?

LEGAL HISOTRY:

Has the child ever had difficulty with police? Yes No If yes, please explain:

Has the child ever appeared in juvenile court? Yes No If yes, please explain:

Has the child ever been on probation? Yes No If yes, please explain:

Does the child use alcohol, tobacco, other drugs, or abuse prescription medication? Yes No If yes, please explain:

Has the child been forced to participate in substance abuse classes, tobacco cessation classes, anger management, or other classes per court order? Yes No If yes, please explain:

EMPLOYMENT:

Has the child ever been employed? Yes No If yes, please explain:

Employer:	When:	Length of Employment:	Reason for Leaving:

OTHER INFORMATION:

What are the child's hobbies and interests?

What are the child's strengths and talents?

What religion is the child? _____

Does the child attend church regularly? _____

Briefly describe the role religion/spirituality play in your child's life:

Additional Comments:

Parent Signature

Date

Kimberly Mason, Ph.D., LPC-S, NCC Signature

Date

Youth Checklist of Characteristics

Client Name

Date

Please 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 persistent 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
- Distractible, inattentive, poor concentration, daydreams, slow to respond
- Dropping out of school
- Drugs 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
- ___ Friends, outgoing, social
- ___ Hypochondriac, always complains of feeling sick
- ___ Immature, “clowns around”, has only younger playmates
- ___ Imaginary playmates, fantasy
- ___ Independent
- ___ Interrupts, talks out, yells
- ___ Lacks organizational, unprepared
- ___ Lacks respect for authority, insults, dares, provokes, manipulates
- ___ Learning disability
- ___ Legal difficulties- truancy, loitering, panhandling, drinking, vandalism, stealing, fight, drugs sales
- ___ Likes to be alone, withdraws, isolates
- ___ Lying
- ___ Low frustration tolerance, irritability
- ___ Mental retardation
- ___ Moody
- ___ Mute, refuse to speak
- ___ Nail biting
- ___ Nervous
- ___ Nightmares
- ___ Need for high degree of supervision at home over play/chores/schedule
- ___ Obedient
- ___ Obesity
- ___ Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- ___ Oppositional, resists, 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, fight, 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, unemployment, workaholic/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. Which is it?

Parent Signature

Date

Kimberly Mason, Ph.D., LPC-S, NCC Signature

Date