



CHILD INTAKE FORM

CONFIDENTIAL

Today's Date _____

Child's Name: _____ Date of birth _____

Mother's Name _____ Father's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number (cell): _____ (home): _____ (work): _____

Email address: _____

May I leave a voicemail on your cell or home number? Yes ____ No ____

Additional Parent Contact (name): _____ (number): _____

Insurance:

Policy Provider: _____ Policy No. _____

Subscriber: _____ Subscriber's DOB: _____

How did you hear about our counseling services?

- Pre-service slide Service Flyer Guest Services Desk a Life Group
 Website Friend or Other?

Parent's Work / Educational History:

Are you employed? FT PT Unemployed

What type of work do you do? _____

Are you a student? Yes ____ No ____ If yes, where? _____

Present area of Concern:

What is the primary reason that brings you here today? _____

How long has this been a problem for you/(your child)? _____

What do you hope to accomplish through counseling? _____

What have you done already to deal with the difficulties? _____

Please tell me some of your child's strengths? _____

Have you received counseling in the past? (yes or no) If yes, briefly discuss the nature, duration and outcome. _____

Current School _____ Current Grade _____

Previous School(s) _____

Are there any concerns in relation to school or school performance? If so, please explain.

With whom (relation) does the child currently reside and have they always lived with them?

Are there other children in the home? _____

If no, have there ever been other children in the home? _____

Please list names and ages of other children:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Physical History

Are there any current medical concerns for your child? If so, explain. _____

Please list any current medications:

Name of Medication	Start Date	Dosage	Comments

Has your child ever been hospitalized for physical or mental health reasons? _____

Briefly describe with dates: _____

	Yes	No	Comments
My child sleeps well			
My child has meaningful friendships			
My child is engaged with school			
My child participates in extracurricular activities			
My child can be aggressive towards peers			
My child can be aggressive towards adults			
My child argues a lot			
My child has excessive fears			
My child often has physical aches or pains			
My child responds well to discipline			
My child appears nervous			
My child lies to avoid responsibility			
My child takes things that are not his/hers			
My child struggles with maintaining attention			
My child shows interest in learning new things			

Spiritual History

Briefly describe your thoughts on your child’s understanding/relationship with God (if any):

Emotional Status:

Is your child currently experiencing any strong emotions (ex. Prolonged frustration, anger, sadness)?

_____ If yes, describe _____

Have you noticed distinct changes in your child’s personality? _____ If yes, please describe:

Has your child ever expressed any thoughts of suicide? _____ If so, when _____

Do you believe that he/she has any thoughts of suicide now? _____

Interests:

Please describe your child’s interests: _____

Family History:

Please check off all that apply:

Family Psychiatric History:

Has anyone in your family been diagnosed with or treated for:

- | | |
|---|--|
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Other substance abuse |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Suicide/Suicidal thoughts |

If yes, briefly describe:

Has any family member been treated with a psychiatric medication? Yes ____ No ____

If yes, who was treated, what is their relation to your child, what medications did they take (if known), and how effective was the treatment?

Other

Is there anything else that is important for me as your therapist to know, and that you have not written about on any of these forms? If yes, please discuss here:

COUNSELING AGREEMENT

As part of the counseling process, I understand that I may be required to follow through with homework exercises such as reading, changing behaviors, praying, or other initiatives that will serve my best interest. Ultimately I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. _____ Initial

I further understand that my progress will be a direct result of my honesty, the work that I will put into resolving my issues and my willingness to move forward even if it is painful and difficult. _____ Initial
I understand that my communication with my counselor is strictly confidential and will not be released to anyone without my consent, unless I am in violation of codes of abuse – physical or sexual, a harm to myself or others. By law, my counselor is required to report such exceptions to the proper authorities in order to protect myself and/or those in danger. _____ Initial

Additionally, my counselor may consult with another therapist regarding my case. This therapist will also be bound by the same confidentiality laws, that being said, my name and identity will remain anonymous. _____ Initial

I understand that I will pay in full for each session (**50 minutes**). The rate is \$95/session. I understand that I will pay the **\$95 cancellation fee** for appointments not cancelled with **24 hours notice**. You may notify your therapist by phone to cancel or reschedule. _____ Initial (954)755-7767 x105 or (954)282-9648

Finally, although we meet in a church setting, I understand that if I see my counselor outside of the counseling sessions she will not discuss my sessions outside of my scheduled visits. This is protect the boundaries of the counselor/client relationship. _____ Initial

I acknowledge that I have read this agreement in its entirety and agree to the conditions set forth.

_____ Date _____
(Client or Parent Guardian Signature)

_____ Printed Name

_____ Printed Name