

MINOR INTAKE FORM

The therapy and counseling work we do is unique to you, just as it is to each one of our clients. Before we get started we need to collect some general information from you.

GENERAL INFORMATION

First Name Last Name Gender

Date of Birth (mm/dd/yyyy) Social Security Number

Name of person completing this form

Relationship to patient

Mother's Information

First Name Last Name Gender

Date of Birth (mm/dd/yyyy) Social Security Number

Address

City State Zip Code

Main Phone Other Phone

Email address

Father's Information

First Name Last Name Gender

Date of Birth (mm/dd/yyyy) Social Security Number

Address

City State Zip Code

Main Phone Other Phone

Email address

Please check any symptoms your child may be experiencing:

- Depression (sad, irritable, hopeless, poor sleep, crying, social withdrawal, lack of interest)
- Mood swings (energetic, little sleep, pleasure seeking, racing thoughts, extremely talkative, inappropriate sexual behaviors, grandiose)
- Anxiety (worry, restless, scared, poor sleep, obsessive thoughts and/or compulsive behavior)
- Behavioral problems (fights, anger, arguing, truancy, destruction of property, fire setting)
- Attention/Hyperactivity problem (difficulty with attention, hyperactive, impulsive, distractibility, not completing tasks)
- Abnormal Eating Behaviors (too much, too little, fear of weight gain, distorted body image, over exercising)
- Never tired
- Remembering Past Traumas (frequent nightmares, intrusive and/or recurring memories)
- Social/language impairment (limited vocabulary, mispronouncing words, under development of language ability for their age)
- Psychosis (hearing voices, seeing things, paranoia, delusions)
- Dissociation (feeling outside their body or thinking things are not real)
- Harming themselves intentionally
- Attempted suicide
- Harmed others

Drug and Alcohol History

Are you concerned about your child consuming alcohol or recreational drugs? YES NO

Details:

GENERAL MEDICAL HISTORY

Primary Care Physician:

Please list any medical problems your child may have below:

SOCIAL HISTORY

Birth place: _____

Is this your biological child? _____

Does your child have siblings? YES NO How many? _____

Please list your child's siblings, ages and anyone else who may be living in the house with your child:

Name	Age	Relationship

Mother's occupation: _____

Father's occupation: _____

Has your child ever been a victim of abuse or neglect? YES NO

If yes, what is or was the nature of the abuse (check all that apply):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Witnessing violence |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Accidents |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Disasters |
| <input type="checkbox"/> Sexual | |
| <input type="checkbox"/> Other: _____ | |

As a parent, are you experiencing issues with marriage or parenting? YES NO

Please list any serious medical procedures your child has had in the past:

Is your child on any medications for any general medical problems they may have?

YES NO

If yes, which ones?

Does your child have any allergies to medications? YES NO

If yes, which ones?

Family Medical History

List any history of illness (mental or other) and substance abuse among blood relatives:

Mother's side

Father's side

SCHOOL HISTORY

Where does your child go to school?

Grade level: _____ Typical Grades: _____

What are your child's academic strengths?

What areas are you concerned about?

Have you noticed a change in your child's performance at school? YES NO

Details

Has your child ever participated in any of the following:

Resource YES NO

Accelerated/Honors Program YES NO

504 Plan YES NO

Individual Education Plan (IEP) YES NO

Details:

Activities/Friendships

What activities does your child participate in/enjoy doing?

How would you describe your child's social tendencies?

Do you have concerns regarding your child's friendship YES NO

Explain

Are you concerned about your child's sexual activities? YES NO

Explain
