



### Child through age 12 Intake Form, Parts 1 & 2

Please answer all information as completely as possible. Information given is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed. Your counselor will discuss your responses with you in your interview.

#### Part 1 To be completed by Parent/Guardian:

Child's Name \_\_\_\_\_ First Visit Date: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Legal Guardian (Managing Conservator): \_\_\_\_\_

(If the child is not living with both natural parents, both adoptive parents, or only living parent, a photocopy of the legal document stating custody arrangements is required, consisting of the cover page, page specifying conservator(s), and signature page, stapled to this form.)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*In order to protect your privacy, if you allow me to call and /or leave a message, I do not identify myself as a counselor. I identify myself to whomever answers as simply John Henry with no reference as to why I am calling.*

Home Phone: \_\_\_\_\_ (May call: yes/no; May leave message: yes/no)

Work Phone: \_\_\_\_\_ (May call yes/no; May leave message: yes/no)

Cell Phone: \_\_\_\_\_ (May call yes/no; May leave message: yes/no)

Email Address: \_\_\_\_\_ (for appointment reminders and for initial paperwork)

In case you are not available, please name another person(s) to contact in case of Emergency:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### CONCERNS/PROBLEMS/ISSUES

Please provide a brief description of why you are seeking counseling/therapy services for your child: \_\_\_\_\_

\_\_\_\_\_

Has anything happened that may have brought on/intensified your child's problems? Yes/No. If yes, please explain:

When did your child first begin to experience these problems? \_\_\_\_\_

What outcome are you hoping for from our time together? \_\_\_\_\_

Read over these possible symptoms and list the number of times per week your child displays a symptom. Skip if not applicable, comment freely to help me understand how frequent/serious/etc.

- \_\_\_ Anger \_\_\_\_\_
- \_\_\_ Anxiety \_\_\_\_\_
- \_\_\_ Depression \_\_\_\_\_
- \_\_\_ Disassociates \_\_\_\_\_
- \_\_\_ Tantrums \_\_\_\_\_
- \_\_\_ Hyper vigilance \_\_\_\_\_
- \_\_\_ Impaired conscience \_\_\_\_\_
- \_\_\_ Lack of empathy \_\_\_\_\_
- \_\_\_ Lack of motivation \_\_\_\_\_
- \_\_\_ Lethargy \_\_\_\_\_
- \_\_\_ Low self-esteem \_\_\_\_\_
- \_\_\_ Phobias \_\_\_\_\_
- \_\_\_ Obsesses \_\_\_\_\_
- \_\_\_ Sleeplessness \_\_\_\_\_
- \_\_\_ Nightmares \_\_\_\_\_
- \_\_\_ Low impulse control \_\_\_\_\_
- \_\_\_ Conduct problems \_\_\_\_\_
- \_\_\_ Controlling \_\_\_\_\_
- \_\_\_ Bed wetting \_\_\_\_\_
- \_\_\_ Day wetting \_\_\_\_\_
- \_\_\_ Day defecation \_\_\_\_\_
- \_\_\_ Defiance \_\_\_\_\_
- \_\_\_ Homicidal thoughts or actions \_\_\_\_\_
- \_\_\_ Stealing \_\_\_\_\_
- \_\_\_ Acts out sexually \_\_\_\_\_
- \_\_\_ Has unusual sexual knowledge \_\_\_\_\_
- \_\_\_ Hyperactivity \_\_\_\_\_
- \_\_\_ Drug or alcohol use \_\_\_\_\_
- \_\_\_ Running Away \_\_\_\_\_
- \_\_\_ Plays out violent themes \_\_\_\_\_
- \_\_\_ Lying \_\_\_\_\_
- \_\_\_ Over/Under eating \_\_\_\_\_
- \_\_\_ Peer problems \_\_\_\_\_
- \_\_\_ Isolation \_\_\_\_\_
- \_\_\_ Shy \_\_\_\_\_
- \_\_\_ Somatic Symptoms from problems: Headaches/Stomachaches, \_\_\_\_\_

Physical problems: \_\_\_\_\_

School problems: \_\_\_\_\_

Other: \_\_\_\_\_

Was there a time when you became worried that something wasn't quite right with your child? \_\_\_ Yes \_\_\_ No

If yes, when was this? \_\_\_\_\_

**HISTORY**

Has your child previously seen a therapist/counselor ? \_\_\_\_\_ When? \_\_\_\_\_  
With whom? \_\_\_\_\_ For what issue/s? \_\_\_\_\_

What was effective about that treatment? \_\_\_\_\_

What was ineffective about that treatment? \_\_\_\_\_

Is your child taking any medications? No Yes \_\_\_\_\_

Has your child always lived with you? No Yes \_\_\_\_\_

**Trauma History (Remember that I am a mandated reporter of child abuse)**

Natural disaster? \_\_\_\_\_

Loss of a parent, step parent, sibling, pet? \_\_\_\_\_

Witness to domestic violence? \_\_\_\_\_

Witness to street/school violence? \_\_\_\_\_

Has your child been verbally abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Has your child been physically abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Has your child been sexually abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Other stressors or traumas? \_\_\_\_\_

Is there a history of separation anxiety? \_\_\_\_\_ Stranger anxiety? \_\_\_\_\_

How many times has he/she moved? \_\_\_\_\_

**MORE ABOUT MY CHILD**

Briefly describe who lives in the same house with your child. \_\_\_\_\_

Briefly describe any significant event in your child’s development (including physical, psychological, emotional, intellectual, social, spiritual, and academic): \_\_\_\_\_

What do you view as your child’s major strengths and positive traits? \_\_\_\_\_

What are your child’s hobbies? \_\_\_\_\_

My child’s sources of satisfaction: \_\_\_\_\_

My child’s sources of stress: \_\_\_\_\_

My child’s typical day: \_\_\_\_\_

What is child's activity level in general?  High  Moderate  Low

How predictable is child's behavior?  Very predictable  So-so  Unpredictable

How does child tend to respond to something new?  Approaches  Withdraws  Watches

How does child transition/adapt to novelty or change?  Easily  With difficulty

How much stimulus is required before child reacts?  A lot  A little

Describe the amount of happy, joyful behavior the child demonstrates in contrast to unhappy, crying, whining behavior: \_\_\_\_\_

What makes your child angry? \_\_\_\_\_

How does your child handle anger? \_\_\_\_\_

Do you find yourself "walking on eggshells" with him/her? \_\_\_\_\_

Describe child's attention span:  Long  Moderate  Short  Hyperfocus

Describe the child's persistence: does he/she continue working on a project despite obstacles or give up easily? \_\_\_\_\_

Is the child easily distractible?  Yes  No Forgetful?  Yes  No

How does this child interact with:

Siblings? \_\_\_\_\_

Peers? \_\_\_\_\_

Adults? \_\_\_\_\_

Social Behaviors (check all that apply):

prefers to play alone  controlling  prefers to play alongside others

aggressive  prefers to play cooperatively (fully engaged with others)

can't tolerate losing  prefers to play with older children  difficulty taking turns

prefers to play with younger children  difficulty sharing

cautious  reckless  accident-prone

Does he/she have a favorite playmate (other than sibling)? If Yes who? \_\_\_\_\_

Describe any concerns you have about his/her social skills or behavior \_\_\_\_\_

What are his/her current favorite play activities? \_\_\_\_\_

Please indicate the hours per day of: TV \_\_\_\_\_ Computer \_\_\_\_\_ Video Games \_\_\_\_\_

How much variation in his/her day?  A little  A lot  Varies

Is the current neighborhood child-friendly?  Yes  No \_\_\_\_\_

Family support comes from:  Extended family  Neighbors  Friends  Church  Counselor

Describe any chores/household duties child is responsible for: \_\_\_\_\_

Who is the primary disciplinarian? \_\_\_\_\_ Is discipline inconsistent?  Yes  No If no, why not? \_\_\_\_\_

Describe the form of discipline used \_\_\_\_\_ Child's response \_\_\_\_\_

----- **Part 2 - To be completed by your child** -----

Name: \_\_\_\_\_

What are you good at doing?

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What do you like about yourself?

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What do other people like about you?

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Is there anything you are afraid of?

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If you had three wishes, what would they be?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If you were an animal, what animal would you be?

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If anything in your life could be different, what would you want to change?

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Who is your favorite hero or fictional character? \_\_\_\_\_

What do you like about him/her? \_\_\_\_\_

Who is Jesus to you ? \_\_\_\_\_

\_\_\_\_\_

List three things that are important to you

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Tell about one dream you've had:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you could go to the moon, who would you take with you? \_\_\_\_\_

\_\_\_\_\_

If you found a thousand dollars lying on the sidewalk, what would you buy with it?

\_\_\_\_\_

\_\_\_\_\_

Complete the sentence:

I am \_\_\_\_\_

Others are \_\_\_\_\_

My world is \_\_\_\_\_

Signature: \_\_\_\_\_