

Intake Information for a Minor

The following information will be kept confidential by your counselor.

GENERAL INFORMATION

Child's Name _____ Age _____ Gender _____
Address _____
Home Telephone _____ Other # _____
Emergency Contact Person _____ Phone # _____
Place of Employment _____ # of hours per week _____

PRESENTING PROBLEM

Briefly describe your child's current difficulties: _____

How long has this problem been of concern to you? _____

When was the problem first noticed? _____

What seems to help the problem? _____

What seems to make the problem worse? _____

Has the child received evaluation or treatment for the current problem in the past? Yes _____ No _____

If yes, when and with whom? _____

What do you hope/expect to get from this counseling experience? _____

HEALTH INFORMATION

Please rate your child's physical health: Very good _____ Good _____ Average _____ Declining _____

Recent weight changes: Lost _____ Gained _____

List important present or past illnesses or injuries: _____

Physician's name: _____ Date of last exam? _____

Is the child on any medication at this time? Yes _____ No _____

If yes, please note kind of medication: _____

For what reason is your child taking the medication? _____

Has your child been treated by a psychiatrist? _____ When? _____ For how long? _____

Name of psychiatrist, if applicable: _____

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use. There also is space for writing in any other disciplinary techniques that you use.

- Check Disciplinary technique
 Ignore problem behavior
 Scold child
 Spank child
 Threaten child
 Reason with child

- Check Disciplinary technique
 Tell child to sit on chair
 Send child to his or her room
 Take away some activity or food
 Don't use any technique

Other technique (describe) _____

Which disciplinary techniques are usually effective? _____

Which disciplinary techniques are usually ineffective? _____

What have you found to be most satisfactory ways of helping your child? _____

What are your child's assets or strengths? _____

If there is other information that you think may help us in working with your child? _____

SPIRITUAL INFORMATION

Currently attend/member of a church? _____ Which one? _____

How long? _____ Times per month attending _____

Religious background of family? _____ Does family attend with child? _____

Other religious background? _____

Are you (child) a Christian? _____ How long? _____

For child (ages 11 and up): On a scale of 1-10, (ten being highest) rate your present relationship:

_____ with God _____ with prayer _____ with Bible study

For Parent: On a scale of 1-10, (ten being highest) rate your present relationship:

_____ with God _____ with prayer _____ with Bible study

EMOTIONAL INFORMATION

Have you ever had a severe emotional upset? _____ Explain: _____

Have you ever had counseling in the past? _____ If yes, list counselor or therapist and dates: _____

What was the outcome? _____

FAMILY MEDICAL HISTORY

Place a check next to any illness or condition that any member of the immediate family has had. When you check an item, please note the member's relationship to the child.

(√) Condition	Relationship to child	(√) Condition	Relationship to child
_____ Alcoholism	_____	_____ Heart trouble	_____
_____ Cancer	_____	_____ Depression	_____
_____ Diabetes	_____	_____ Suicide attempt	_____
_____ Other	_____	_____ Nervous or psychological Problem	_____

EDUCATION INFORMATION

Current School: _____ Phone #: _____

Teacher: _____ Grade: _____

Is your child receiving special education services? Yes _____ No _____

If yes, what type of services? _____

Has your child been held back in a grade? Yes _____ No _____

If yes, what grade and why? _____

Has your child ever received special tutoring or therapy in school? Yes _____ No _____

If yes, please describe: _____

Place a check (√) next to any educational problem that you child currently exhibits.

- | | |
|--|---|
| _____ Has difficulty with reading | _____ Does not like school |
| _____ Has difficulty with arithmetic | _____ Skips school / classes |
| _____ Has difficulty with spelling | _____ Has received detentions in this past year |
| _____ Has difficulty with writing | _____ Has been suspended or expelled this past year |
| _____ Has difficulty with other subjects (please list) _____ | |

OTHER INFORMATION

What are your child's favorite activities?

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

What activities would your child like to engage in more often that he/she does at present?

1. _____ 2. _____ 3. _____

What activities does your child like least?

1. _____ 2. _____ 3. _____

Has your child ever been in trouble with the law? Yes _____ No _____

If so, please describe briefly _____

Circle the following word(s) which best describe your child now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody
often blue excitable imaginative calm serious easy-going shy good-natured introvert extravert
likeable leader quiet submissive self-conscious lonely sensitive depressed

other: _____

Does your child see or hear things that don't exist? _____

Does your child have problems sleeping? _____

Has your child talked about or attempted suicide? _____ If yes, explain: _____

CURRENT FAMILY INFORMATION

Mother's name: _____ Occupation: _____

Current address: _____

Age: _____ Education: _____

Father's name: _____ Occupation: _____

Current address: _____

Age: _____ Education: _____

Step-mother's name: _____ Occupation: _____

Current address: _____

Age: _____ Education: _____

Step-father's name: _____ Occupation: _____

Current address: _____

Age: _____ Education: _____

List all others currently living in the household:

<u>Name</u>	<u>Relationship to Child</u>	<u>Age</u>
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If any brothers or sisters are living outside the home, list their names and ages:

Thank You!