

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 than 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!