

Intake Form for Minor

Parents, please complete the following information regarding your child. During the initial session, we will review the provided information together. If you are unsure of an answer or feel that a question does not apply, you may leave it blank. All information will be kept confidential.

Date: _____

Form completed by: _____

What are the main concerns that bring you to therapy?

How long has this been a concern? _____

What have you already tried to address the problem? Has anything been helpful so far?

What do you hope to get from therapy and what are your goals for therapy?

Have you noticed any changes or problems with your child's sleep, mood, appetite, or hygiene? (Please describe).

Is there any history of trauma or upsetting life events (such as abuse, life threatening accidents or medical concerns, family conflict, bullying, divorce, death or loss of loved ones, or natural disasters)? Yes _____ No _____

(If yes, please describe.)

Has your child ever had psychotherapy or counseling before? Yes ___ No ___ (If yes, please describe.)

Has your child been given a previous psychological diagnosis? Yes ___ No ___ (If yes, please describe.)

Is your child currently taking any medications for emotional or behavioral reasons?

Yes ___ No ___

If yes, please list name of medication, dosage, and reason prescribed.

Has your child taken any other medications in the past for emotional or behavioral reasons? Yes ___ No ___ If yes, please list name of medication, dosage, and reason prescribed.

Has your child ever been hospitalized for emotional or behavioral concerns? Yes ___ No ___

If yes, please describe reason.

Has your child ever made suicidal statements, made suicide attempts, or self-harmed (including cutting)?

Do you have concerns that your child may be using drugs or alcohol? (If yes, please describe.)

Medical Information:

Primary Care Doctor or Pediatrician: _____

Does your child have any allergies? Yes ___ No ___ (If yes, please describe.)

Please describe any past and present medical concerns or serious illnesses:

Background Information:

During pregnancy were there any major stressors, illnesses/accidents, use of drugs/alcohol, or exposure to domestic violence?

What was your child's temperament and personality like as a younger child?

Were there any concerns regarding developmental milestones? Yes ___ No ___ (If yes, please describe). _____

Please describe any significant stressors or events age 0 to 3: _____

Please describe any significant stressors or events age 4-6: _____

How did your child adjust to beginning school? _____

How are your child's social relationships? _____

Please describe any significant stressors or events age 7-12:

Were there any concerns regarding development or social relationships?

Please describe any significant stressors or events age 13-18:

Were there any concerns regarding development or social relationships?

Family Information:

Please list family members that live in the home with child, including names and ages:

Other immediate family members that live outside of the home (i.e., parents, step-parents or siblings):

Primary caregivers' relationship status: Married Single Engaged Divorced
Living together Living separate but partnered Separated Divorced Widowed

Custody arrangements if applicable: _____

Caregivers' occupations and education level:

Are there family members or others that you consider part of your family's support system?
Please describe.

Family religious/spiritual identification:

Does your family consider religion/spirituality to be a source of support? Yes ___ No ___

How would you describe your family's cultural background?

Do you have any concerns related to family relationships/interactions, parenting/discipline, or family communication? Yes ___ No ___ (If yes, please describe.)

What methods do you generally use for discipline of your children? _____

Is there any family use of alcohol or drugs? Yes ___ No ___ (If yes, please describe.)

Is there any history of CPS/Department of Child and Family Services involvement, including abuse/neglect, reports, investigations, or removal of child from home? Yes ___ No ___ (If yes, please describe.)

Has your child ever lived in another family situation (e.g., foster family, other caregivers, grandparent or kinship care, group home or residential placement)? Yes ___ No ___ (If yes, please describe.)

Is there any family history of mental illness (including extended family)? Yes ___ No ___

(If yes, please describe.) _____

What do you consider to be your family strengths?

What do you feel that you need to improve or change as a family? _____

School Information:

Current School: _____ Grade: _____

Does your child have an IEP or other special services at school? Yes ___ No ___ (If yes, please describe.) _____

Has your child been diagnosed with a learning disorder or other educational impairment?

Yes ___ No ___ (If yes, please describe.)

Do you have any concerns about your child's behavior or academics at school? Yes ___ No ___

(If yes, please describe.) _____

Does your child participate in an afterschool program or other extracurricular activities?

Yes ___ No ___ (If yes, please describe.)

Additional Information:

What are some of the strengths and positive qualities of your child? _____

What hobbies or interests does your child have?

Is there any other information that I should know regarding your child or family? _____
