Glad Heart Counseling & Equipping Center PLLC

Child Intake Form

Date _____________ Referred by_______________________

General Information

Child's name (Last, First) ________________________________ Gender Male __ Female ___

Child's date of birth____________________ Age__________ Ethnicity __________________

Child's primary language: ______________ Language spoken at home (Parent's language)________

Child's legal guardian (Managing Conservator): ____

Child's current household:

Biological Parents ___
Father only ___
Mother only ___
Foster family ___
Institution___
Biological Father and Stepmother ___
Biological Mother and Stepfather ___
Adoptive parents ___
Grandparents___
Relatives (specify) ________________

If child adopted: When ____________________________ Country of origin _________________

Primary Household (anyone currently living with the child):

Name Age Gender Relationship to child Does child get along with them?

____

____

____

____

____

____

Second Household:

Name Age Gender Relationship to child Does child get along with them?

____

____

____

____

If divorced: When _______________ Length of marriage to child's biological parent_______________

Custody status of child: Mother ___ Father___ Grandparent(s) ___ Other (explain) _______________

**** (The clinic requires a photocopy of the legal document stating custody arrangements, consisting of the cover page, page specifying conservator(s), and signature page)**

If divorced, are both parents aware child has been brought in for counseling? Yes ____ No _______

If divorced, describe your relationship with the child's other biological parent ______________________

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____

If divorced, describe child's relationship with step mother/ step father (If applicable)

____

In case of an emergency, contact:

Name _____________________ Relationship to child __________________ Phone _________________

Mother Information

Mother's name (Last, First) _____________________________ Date of birth ____________ Age ___

I am: Biological mother ___ Stepmother ___ Adopted mother ___ Other ___

Home Address ____

Phone number (Permission to leave message: Yes No)

Home _____________(Yes No) Cell _______________(Yes No) Work _____________(Yes No)

Email address: ____

Marital status: Married ___ Separated ___ Divorced ___ Remarried ___ Never married ___

Marital history: Number of marriages ___ Number of Divorces ___

Occupation___________________ Mother's Employer ____

Education level ________________________ Religious affiliation ____________________

Father Information

Father's name (Last, First) _______________________________ Date of birth ____________ Age ___

I am: Biological father ___ Stepfather ___ Adopted father ___ Other ___

Home Address (Same as above) ____

Phone number (Permission to leave message: Yes No)

Home _____________(Yes No) Cell _______________(Yes No) Work _____________(Yes No)

Email address: ____

Marital status: Married ___ Separated ___ Divorced ___ Remarried ___ Never married ___

Marital history: Number of marriages ___ Number of Divorces ___

Occupation___________________ Father's Employer ____

Education level ________________________ Religious affiliation ____________________

Child's Health

Primary Care Physician ____

Has your child ever been hospitalized? If yes, When? ___________ Why?_________________________

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Describe any medical concerns ____

____

Has your child ever seen a mental health professional (counselor, psychologist, psychiatrist)?

Yes ___ No ___ (If so, I need your permission in order to communicate with that individual or agency)

Previous mental health professional/agency _____________________________________

Reason for mental health service____

Phone _________________ Dates of service (beginning-ending) ____________________________

Check the following items for a diagnosis or medication that your child is now receiving or has received:

Diagnosis	Current (List dates)	Past (List dates)	Physician's Name	Name of medication	Dosage
1. Depression	_______	__________	______________	______________	_____
2. ADHD	_______	__________	______________	______________	_____
3. Conduct Disorder	_______	__________	______________	______________	_____
4. Anxiety/ Nervousness	_______	__________	______________	______________	_____
5. Manic-Depression (Bipolar)	_______	__________	______________	______________	_____
6. Schizophrenia	______	__________	______________	______________	_____
7. Oppositional Defiant Disorder	______	__________	______________	______________	_____
8. Mood/Anger	_______	__________	______________	______________	_____
9. Tics	_______	__________	______________	______________	_____
10. Insomnia/ Sleeplessness	_______	__________	______________	______________	_____
11. Obsessive/ Compulsive	_______	__________	______________	______________	_____
12. Addictions	_______	__________	______________	______________	_____
13. Seizures	_______	__________	______________	______________	_____
14. Post-Traumatic Stress Disorder	___	__________	______________	______________	_____
15. Other	_______	__________	______________	______________	_____

What other medication is your child currently taking?

Medication	Dosage	Taken for what reason?
______________________	______________	______________________
______________________	______________	______________________
______________________	______________	______________________

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Current Concerns

Circle the item that you see as the most significant issue for your child. Underline any additional concerns.

Problems Related to Abuse

Current or past physical abuse
Current or past sexual abuse
Current or past emotional abuse
Current or past neglect
History of abandonment
Suspected sexual abuse
History of family domestic violence

Academic/School Problems

Learning difficulties
Problems with peers
Problems with teachers
Speech problem

Mood-related Concerns

Disturbing memories
Anger or irritability
Difficulty going to sleep/staying asleep
Nightmares/night terrors
Suicidal ideation
Sadness
Depression
Feelings of guilt and shame
Excessive worrying/Anxiety

Family Relationship Concerns

Difficulty adjusting to family changes
Discipline concerns
Parent-child relationship problems
Sibling concerns
Divorce/Separation
Religious/Spiritual Concerns
Death in family

Rule-Breaking/Behavior Problems

Aggression toward others
Lying
Drug/alcohol use
Truancy
Gang involvement
Running away
Stealing
Intentionally hurting animals
Fire-setting
Other unusual behaviors (please specify)__________ ____

Other Behavioral Concerns

Hyperactive/Inattentive
Sexual identity concerns
Inappropriate sexual behavior
Overeating/refusal to eat
Bedwetting or soiling
Health concerns
Addiction (please specify) ____________

Further describe of above or any other concerns:

____

____

How long have these concerns existed? ____

____

Have others expressed concerns about your child? ___________________________________

____

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What do you think might be causing this? ____

____

How have you tried to address your concerns? ____

____

Describe your child's personality ____

____

What do you enjoy most about your child? ____

____

What do you find most difficult about your child? _______________________________________

____

History of your child having learning, emotional, behavioral problems ________________________

____

History of your child having physical, emotional, or sexual abuse? __________________________

____

History of your child having alcohol/drug/substance abuse ________________________________

____

History of psychiatric illness in your family? ____

____

History of physical, emotional, or sexual abuse in your family? _______________________________

____

History of alcohol or drug abuse in your family? ____

____

History of family violence or criminal activity in your family?_________________________________

____

Describe your child's current use of computer, TV, games ________________________________

____

<u>Child's School</u>

Child's school ____ Grade level_________

Main Teacher:_____________________ Special class? Yes __ No __ If yes, explain___________________

____

Repeated a grade? Yes __ No __ If yes, which one ____

Please describe any academic or behavioral/emotional problems your child is experiencing in school

____

____

When did these begin? ____

What do teachers say about your child? ____

____