

INTAKE FORM FOR MINOR

GENERAL INFORMATION

Child's Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian: _____
(Last) (First) (Middle Initial)

Child's Date of Birth: _____ Relationship to Child: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication and will be used only for appointment reminders.

Marital Status:
 Never Married Domestic Partnership Engaged Married
 Separated Divorced Widowed Remarried

Whom do you live with?
 Self Parents Roommate Children
 Friends Other: _____

Does child live with you? Yes No

How did you hear about PWPC? _____

REASONS FOR COMING

Please describe all the concerns you want to talk to a counselor about regarding the child.

Has your child been court ordered to receive counseling? Yes No

What is your primary concern? Rate the severity of this problem on a scale of 1 to 10. Consider 1 to mean *not severe at all*, and 10 to mean *very severe*. _____

How often each day do you think about this problem?
 Seldom Occasionally Often Constantly

Describe when this problem began: _____

What seems to make the problem worse? _____

What seems to make the problem better? _____

What have you done to try and resolve this problem? _____

PERSONAL AND SOCIAL HISTORY

Please answer the questions below about your child’s biological parents:

Is your child adopted? Yes No

Child’s Father

Name: _____

Date of Birth: / /

Occupation: _____

Education Level: _____

If father is deceased, give age at time of death: _____

How old was child? _____

Check the phrase **in each column** that best describes child’s father:

- | | | | | |
|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Moody | <input type="checkbox"/> Always with people | <input type="checkbox"/> Flexible | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Very responsible |
| <input type="checkbox"/> Usually calm | <input type="checkbox"/> Comfortable with people | <input type="checkbox"/> Usually flexible | <input type="checkbox"/> Usually cooperative | <input type="checkbox"/> Usually responsible |
| <input type="checkbox"/> Always calm | <input type="checkbox"/> Avoids people | <input type="checkbox"/> Rigid | <input type="checkbox"/> Competitive | <input type="checkbox"/> Irresponsible |

Briefly describe child’s relationship with his/her father: _____

Child’s Mother

Name: _____

Date of Birth: / /

Occupation: _____

Education Level: _____

If father is deceased, give age at time of death: _____

How old was child? _____

Check the phrase **in each column** that best describes child’s father:

- | | | | | |
|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Moody | <input type="checkbox"/> Always with people | <input type="checkbox"/> Flexible | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Very responsible |
| <input type="checkbox"/> Usually calm | <input type="checkbox"/> Comfortable with people | <input type="checkbox"/> Usually flexible | <input type="checkbox"/> Usually cooperative | <input type="checkbox"/> Usually responsible |
| <input type="checkbox"/> Always calm | <input type="checkbox"/> Avoids people | <input type="checkbox"/> Rigid | <input type="checkbox"/> Competitive | <input type="checkbox"/> Irresponsible |

Briefly describe child’s relationship with his/her mother: _____

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PERSONAL AND SOCIAL HISTORY (Continued)

Please check the word or phrase below that best describes your child's parents' marital status:

- Never Married
- Married to each other
- Divorced

If your child's parents were never married, or divorced each other, has either of them married someone else?

- Father:** Yes No
- Mother:** Yes No

If you answered yes for either father or mother, please list each of the child's stepparents and the age that the child was when his/her parent(s) married them:

Father's Spouse(s) _____ _____	Child's age at time of marriage _____ Child's age at time of marriage _____
Mother's Spouse(s) _____ _____	Child's age at time of marriage _____ Child's age at time of marriage _____

Parenting

Briefly describe how his/her parents discipline this child: _____

Siblings

Please list child's brothers and sisters, including biological, step, and adopted siblings, in age order:

Name	Age	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe any significant details about child's siblings: _____

Please describe any significant conflicts child has had with family members: _____

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PERSONAL EXPERIENCES

What is the religious preference of the child’s family, or what church do they attend? _____

Rate the importance of the family’s religious beliefs to you on a scale of 1 to 10, with 1 *being the lowest* and 10 *being the highest* importance: _____

Has the child experienced any of the following?

- Death of _____
- Divorce
- Homelessness
- Other _____
- Suicide of _____
- Separation
- Frequent Family Moves

Has the child experienced any victimization or been involved with any of the following?

- Abandonment
- Accident
- Excessive Teasing
- Other _____
- Suicide Attempt

Has the child experienced any abuse? Physical Emotional Sexual Incest

Have the parents experienced any abuse? Physical Emotional Sexual

RELATIONSHIP HISTORY

Does child make friends easily? Yes No

If no, please describe why not: _____

Does child keep friends? Yes No

If no, please describe why not: _____

Is/was child ever bullied or teased? Yes No

If yes, please describe when and by whom: _____

RELATIONSHIP HISTORY (Continued)

If an adolescent, does child have a boyfriend/girlfriend, and how would you describe this relationship?

Check the phrase **in each column** that best describes this child:

- | | | | | |
|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Moody | <input type="checkbox"/> Always with people | <input type="checkbox"/> Flexible | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Very responsible |
| <input type="checkbox"/> Usually calm | <input type="checkbox"/> Comfortable with people | <input type="checkbox"/> Usually flexible | <input type="checkbox"/> Usually cooperative | <input type="checkbox"/> Usually responsible |
| <input type="checkbox"/> Always calm | <input type="checkbox"/> Avoids people | <input type="checkbox"/> Rigid | <input type="checkbox"/> Competitive | <input type="checkbox"/> Irresponsible |

Check any of the following emotions you believe this child demonstrates:

- | | | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Fearful | <input type="checkbox"/> Happy | <input type="checkbox"/> Hopeful | <input type="checkbox"/> Bored | <input type="checkbox"/> Optimistic |
| <input type="checkbox"/> Annoyed | <input type="checkbox"/> Panicky | <input type="checkbox"/> Conflicted | <input type="checkbox"/> Helpless | <input type="checkbox"/> Restless | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Energetic | <input type="checkbox"/> Shameful | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Lonely | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Envious | <input type="checkbox"/> Regretful | <input type="checkbox"/> Jealous | <input type="checkbox"/> Contented | <input type="checkbox"/> Anxious | <input type="checkbox"/> Guilty |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Excited | <input type="checkbox"/> Other _____ | | |

Briefly describe what child does for fun: _____

SCHOOL HISTORY

Child's grade in school: _____

Does child seem to enjoy school? Yes No

If no, please explain: _____

LEGAL HISTORY

Has child been involved in any civil or criminal legal proceedings? Yes No

If you answered yes, please describe the situation and child's involvement. Also, indicate whether the child has been court ordered to receive counseling: _____

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MEDICAL HISTORY

What is the general state of child's health? Excellent Good Average Poor

If you answered poor, please explain why: _____

Please list any major medical procedures and hospitalizations child has had:

Procedure/Hospitalizations	Date	Outcome/Procedure

Please list the medications (prescribed and over the counter) child takes regularly and the reason for medication:

Medication	Purpose

Has child ever attempted suicide or tried to hurt him/herself? Yes No

If yes, please describe each attempt and when it occurred: _____

Has child ever been hospitalized for a mental health or substance abuse problems? Yes No

If yes, please describe what he/she was hospitalized for and when: _____

MEDICAL HISTORY (Continued)

Have any members of child's family attempted or committed suicide? Yes No

If yes, please describe who, when, and the outcome: _____

Are any family members addicted to drugs and/or alcohol? Yes No

If yes, please describe: _____

Is child currently under the care of a psychiatrist or general physician? Yes No

If yes, please list who is treating the child and describe the problem(s) being treated: _____

Is child currently seeing another counselor, psychologist or social worker? Yes No

If yes, please list who he/she is seeing, the reason, and the length of time he/she has been seeing that person:

Please make any other comments you believe would help child's counselor understand child's situation and your goals for counseling:

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