

## Child and Adolescent Intake Form

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### Demographic Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Birthplace: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of parent(s)/guardian(s) who have legal custody of child (All legal parent(s)/guardian(s) MUST provide written consent for services):  
\_\_\_\_\_

*\* Address if parent/guardian lives in another residence:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

*Is it ok to leave a voicemail?* YES NO

*Is it ok to send you something in the mail?* YES NO

How were you introduced to us? \_\_\_\_\_

If you found us online what words did you search to find us?  
\_\_\_\_\_

### How Have We Come to Meet?

What are the 3 biggest concerns you have for your child right now? How long have each been going one? Put them in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you think your child would say his/her biggest concern(s) is/are?  
\_\_\_\_\_

### **Mantra Counseling, LLC**

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What solutions (helpful or unhelpful) have you tried to resolve the above concerns?

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Have you or your child(ren) had therapy in the past? If so, please provide treatment providers names, dates of service, what your child was seen for, and results.

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### Change is Coming...

What are your expectations from therapy and the therapist?

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If you had a crystal ball and were able to look into the future you will say therapy has been worth it because (list concrete changes you would like to see):

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What other things would you like to see change in your life and your family's life?

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Do you foresee any obstacles to achieving your goals/changes?

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How long will therapy need to last to achieve the changes/goals you want? Write down a target date:

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List 5 strengths about your child, give examples of each:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Medical Background**

Has your child ever received psychiatric services before? YES NO  
If yes, how long ago, with whom, for what, and results:

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Many parents have opinions on psychiatric medications, what are yours?

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Does your child have any allergies (food, environmental, medicinal, animal, etc.)

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Any current or past medical issues, hospitalizations, accidents, injuries or surgeries? If yes, for what?

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Is your child presently under a physician's care? If so, for what?

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List medications (over the counter & prescribed), nutritional or herbal supplements, alternative treatments (acupuncture, chiropractic, etc.) your child is taking/doing and reasons:

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Tell us about the pregnancy of your child (full term, preemie, any complications during

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pregnancy or at birth, environment and situations during pregnancy and birth).

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Tell us about your child's development milestones (delayed, on time, early)

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### Important Questions We Must Ask

Has your child ever had suicidal ideations? YES NO  
If yes, please explain:

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Has your child ever planned to hurt himself/herself? YES NO  
If yes, please explain:

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Has your child ever attempted to hurt himself/herself? YES NO  
If yes, please explain:

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Has your child ever felt like he/she wanted to seriously hurt or harm someone else?  
If yes, please explain: YES NO

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Do you have weapons in your home or access to weapons? YES NO  
If yes, who has access to them and what are the safety protocols around them?

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Is there any history past or present of abuse or violence? YES NO  
If so, please explain:

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Is your child currently using any illegal drugs or is the reason you are seeking therapy services substance related?

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Has your child ever witnessed or experienced a trauma? Does your child have reoccurring nightmares, flashbacks, or avoids anything that is uncomfortable or painful? If so, please explain:

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Are you concerned your child may see or hear things that don't appear to be real? If so, please explain:

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Has your child even been arrested, been involved with the juvenile justice system, or is engaging in behaviors that put him/her at risk? If so, please explain?

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Do you have any concerns about your child's sexuality or sexual development?

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**Education, Responsibility, Recreation and Leisure**

What school does your child attend? \_\_\_\_\_

What grade is your child in? \_\_\_\_\_

How are your child's grades? \_\_\_\_\_

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Has your child ever been held back or receive specialized academic services? If so, for what?

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What concerns if any do you have about your child's education or schooling (grades, peers, relationships with teachers, etc)?

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What would your child say he/she likes and dislikes about school:

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

What responsibilities does your child have at home?

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If your child is age 15 yr. and above what other skills do you think your child needs to be independent? How is he/she learning them? What else does he/she need to gain independence?

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What other responsibilities or skills would you like to see your child have/achieve?

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Does your child have his/her own cell phone?

YES

NO

What are the rules around your child's cell phone use? Who enforces those rules?

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**Understanding Your Family**

*\* Space left for therapist to draw family tree (genogram)*

Parent's marital status:

Married   Divorced   Never Married   Separated   Domestic Partners   Widowed

If 1 or both parents are absent, if so for how long and reason for absences:

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If parents are not together please describe the parents' relationship with one another:

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Who lives in the house with the child?

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If parents not together who lives in the other house with the child?

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Does your family have any pets? If yes, names, types and relationship to each pet:

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List 5 or more strengths of your family:

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Is there anything that gets in the way of your family being the way you want it to be?

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Describe your child's relationship with the following:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: Age, Name and Sex:

a. Sibling 1 \_\_\_\_\_

b. Sibling 2 \_\_\_\_\_

c. Sibling 3 \_\_\_\_\_

d. Sibling 4 \_\_\_\_\_

Girl/Boyfriend: \_\_\_\_\_

Other(s): \_\_\_\_\_

Does your family belong to any religious or spiritual groups?                      YES                      NO  
If yes, what is your level of involvement?

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Who else do you consider to be part of or supportive to your family (people or affiliations):

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Is there any other thing that you think is important for us to know about your child?

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