

**New Dawn Counseling Center
Child and Adolescent Intake Form
CONFIDENTIAL**

The following form, which will become a part of your confidential record, will enable us to gain a quicker understanding of you. **This form is to be completed by parent or guardian requesting services for a minor child.**

Child's Name: _____ Date of Birth _____ Age _____ Sex _____

Child's Present Address _____

City _____ County _____ State _____ Zip Code _____

Parents'/Guardian's Ph: Wk: _____ Cell: _____ Home: _____

Child lives with: Both biological parents _____ Mother _____ Father _____ Mother & Stepfather _____

Father & Stepmother _____ Other (specify) _____

If 'Other', explain (including arrangements/decisions which led to child living with you and length of time child has lived with you): _____

If parents are divorced, describe custody arrangements: *(a copy of the custody agreement may be required before counseling will be conducted)*: _____

Child's Ethnicity: _____

Emergency contact name/number/relationship: _____

Have there been any previous psychological, psychiatric, neurological or E.E.G. evaluations? Yes No

If yes, please list names, addresses, and dates of contact (use extra paper if necessary): _____

Has child had counseling previously? Yes No

If yes, please list names, addresses, and dates of contact (use extra paper if necessary): _____

MEDICAL HISTORY

Were there any complications surrounding the child's birth? Yes _____ No _____

If yes, describe: _____

List child's sicknesses, operations, injuries. Indicate age when occurred and describe severity. Please pay special attention to head injuries, any time your child was unconscious, had convulsions, high fever or was delirious:

List any current medical problems your child is experiencing: _____

List any prescription drugs child is currently taking: _____

Date of Child's last physical exam: _____

Child's Physician Name and Address: _____

How is child's vision? _____ Hearing: _____

ACADEMIC / SCHOOL INFORMATION

Name of school: _____ Grade: _____ Teacher: _____

Previous schools attended with dates: _____

Has child ever repeated a grade? Yes No If yes, which ones: _____

How does your child get along at school? _____

Describe difficulties in learning at school: _____

List other family members who had learning difficulties: _____

Child's special interests/hobbies: _____

Child's church affiliation and activities: _____

LEGAL INVOLVEMENT

Is the child involved with the legal/court system? Yes ___ No ___

If yes, explain: _____

Probation/Parole Officer Name and Phone Number: _____

INFORMATION ABOUT CHILD'S MOTHER:

Mother's Name/Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Can you be contacted at work by phone? Yes No

Work Ph: _____ Cell: _____ Hm: _____

Religious Affiliation/Church: _____

Member: Yes No Active: Yes No

Ethnicity _____

Any physical problems that require medication or physical care: _____

Current medications: _____

Physician(s): _____

Previous counseling/therapy? Yes No If yes, when and therapist's name: _____

INFORMATION ABOUT CHILD'S FATHER:

Father's Name/Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Can you be contacted at work by phone? Yes No

Work Ph: _____ Cell: _____ Hm: _____

Religious Affiliation/Church: _____

Member: Yes No Active: Yes No

Ethnicity _____

Any physical problems that require medication or physical care: _____

Current medications: _____

Physician(s): _____

Previous counseling/therapy? Yes No If yes, when and therapist's name: _____

INFORMATION ABOUT CHILD'S GUARDIAN (if not mother/father listed above):

Guardian's Name/Address: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Can you be contacted at work by phone? Yes No

Work Ph: _____ Cell: _____ Hm: _____

Religious Affiliation/Church: _____

Member: Yes No Active: Yes No Ethnicity _____

Any physical problems you have that require medication or physical care: _____

Current medications: _____

Physician(s): _____

Previous counseling/therapy? Yes No If yes, when and therapist's name: _____

FAMILY MEMBERS

List all people now living in the child's household, then draw a line and list others who have lived there during the child's lifetime. Use a separate sheet of paper if necessary:

Name	Relationship to child	Age	Occupation	Date lived with child

Using the scale below, please choose a number that reflects the extent of your concern for your child about each of the issues listed below. Please rate every item.

0	1	2	3	4	5	6	7	8	9	10
No Concern					Moderate Concern					Extreme Concern

<p>_____ Anger/Temper</p> <p>_____ Depression</p> <p>_____ Divorce/Separation of parents</p> <p>_____ Adjustments to Parents Remarriage</p> <p>_____ School Performance</p> <p>_____ Family Problems</p> <p>_____ Fearfulness</p> <p>_____ Physical problems</p> <p>_____ Problems with social relationships</p> <p>_____ Problems sleeping</p> <p>_____ Nightmares</p> <p>_____ Sexual Concerns/Behaviors</p> <p>_____ Religious/Spiritual Concern</p> <p>_____ Trouble focusing/concentrating</p> <p>_____ Other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>_____ Talk of suicide</p> <p>_____ Unhappy most of the time</p> <p>_____ Use of alcohol/drugs (circle if applicable)</p> <p>_____ Work</p> <p>_____ Worry</p> <p>_____ Self Esteem</p> <p>_____ Poor Appetite</p> <p>_____ Overeating/not eating/throwing up (circle)</p> <p>_____ Bedwetting</p> <p>_____ Soiling</p> <p>_____ Cruelty to Animals</p> <p>_____ Fire Setting</p> <p>_____ Fighting</p>
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Briefly describe the problem which prompted you to seek counseling for your child at this time:

Have there been times when the problem got better or disappeared? Yes _____ No _____

If yes, when? _____

What do you think helped? _____

Were there times when the problems were especially bad? Yes _____ No _____

If yes, when? _____

What made it bad? _____

Are there other people who play a major role in causing the problems? Yes _____ No _____ Explain briefly: _____

Are there other people who play a major role in helping your child cope with the problems? Yes ___ No ___

Explain briefly: _____

Is there anything else that you believe might be important for the counselor to know at this time? _____

Custodial Parent/Guardian Signature

Date

Aug 2010