

# Child and Adolescent Intake Form

Please fill out this form and bring to the first session. The information you provide is protected and confidential.

Name of child/adolescent: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Name of Parent or Guardian: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_  
(Street name and number)

\_\_\_\_\_  
(City) (State) (Zip Code)

## Contact Information:

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

How can I confirm appointments? Email \_\_\_ Phone \_\_\_ Text \_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child/adolescent: \_\_\_\_\_

Medical concerns/diagnosis: \_\_\_\_\_

Prescribed medications: \_\_\_\_\_

Previous Mental Health diagnosis: \_\_\_\_\_

Prescribed psychiatric medications: \_\_\_\_\_

What is the nature of the problem for which you are seeking help?

\_\_\_\_\_  
\_\_\_\_\_

Has child/adolescent ever seen a counselor before Yes \_\_\_ No \_\_\_

If yes, describe the experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Child and Adolescent Questionnaire

If necessary, please assist your child in answering the following questions.

What are your hobbies and/or recreational activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your daily routine? Please include: time you rise and time you go to bed, sleeping and eating habits, study time, play time, time at school, time at daycare or with other regular care-providers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time is spent watching TV, playing video game, watching YouTube or using other devices such as ipad and cell phone?

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Describe your friendships:

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Describe your school experience? What is your favorite subject? Do you like school? Why or why not? Do you have academic concerns?

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Other:

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