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Intake Form – Child

Date _____ Child's Age _____

Child's Name _____ Birth Date _____

Mother's Name _____

Father's Name _____

Child's Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ Okay to ID on phones? _____

Mother's Occupation _____

Father's Occupation _____

Name of child's school _____

Grade _____ Teacher _____

Who referred you to me? _____

Family Physician _____

Has your child or anyone in your family ever had counseling before? Yes _____ No _____

If yes, describe and list counselor _____

What concerns you the most about your child? _____

When did the problem start or when did you first notice it? _____

Has your child's eating or sleeping habits changed? _____

Have there been any physical and/or psychological stressors in your child's life, e.g. moves, separations, deaths, abuse, etc.? _____

At what age(s) did these occur? _____

How does your child react to stress _____

Has anyone in the family had a similar personality and or problems? _____

What has been your biggest problem with this child? _____

How is alcohol handled in the home? _____

Does either parent use alcohol or drugs? Yes _____ No _____

If yes, describe frequency _____

Is your child taking any prescription drugs at the time? Yes _____ No _____

If yes, what type, what purpose, and who prescribed _____

Is any family member taking any prescription drugs at the time? Yes _____ No _____

If yes, what type, what purpose, and who prescribed _____

Has child ever expressed any suicidal ideation? Yes _____ No _____

If yes, explain _____

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Does your child have any speech difficulties? Yes _____ No _____

If yes, explain _____

Does your child have any physical handicaps? Yes _____ No _____

If yes, explain _____

Does your child have any hearing or vision difficulties? Yes _____ No _____

If yes, explain _____

Does your child have any special fear? Yes _____ No _____

If yes, explain _____

Does your child like to read? None _____ Little _____ Moderately _____ Much _____

When your child is doing homework do you help him/her? Yes _____ No _____

If yes, explain what you help him/her with and how long it takes you to help

What age did your child enter school? _____

Did your child attend nursery school? Yes _____ No _____

Did your child attend kindergarten? Yes _____ No _____

Has your child skipped any grades? Yes _____ No _____

Has your child repeated any grades? Yes _____ No _____

Has your child changed schools? Yes _____ No _____

What subjects in school does your child like best? _____

What subjects in school does your child dislike? _____

Any Church membership _____

How often does the family participate in some type of spiritual activity? _____

Briefly describe your family's spiritual life _____

If separated, divorced or unmarried, or otherwise living in more than one household:

Does your child see the other parent? Yes _____ No _____

Briefly describe child relationship with other parent _____

Briefly describe child relationship with stepparent _____

How do you discipline? _____

What have you tried so far? _____

Describe your child's personality – focus on strengths. _____

What would you like to get out of counseling? _____

