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Client Intake Form (Minor/ Child)

Client Name:_____

Client DOB:_____

Caregiver Name (s):
_____

_____

_____

Does this minor/ child reside in multiple households? Yes No (designate one)
If yes, please explain:
_____

_____

_____

Is there a current custody agreement? Yes No (designate one)

If yes, please explain (and please provide copies of these agreements as well as parenting plans. ***IMPORTANT: All medical decision makers must approve of therapy and*** *:*
_____

_____

_____

Does this minor/ child have a history of adoption or foster care? Yes No (designate one)
If yes, please explain:
_____

_____

_____

Physician's Name & Agency: _____

Psychiatrist's Name & Agency:_____

Other Therapist Name & Agency: _____

Chronic Medical Conditions:_____

Sexual Orientation:_____

Gender Identity:_____

Summarize briefly why you/ your child are seeking treatment at this time.

_____

_____

_____

What symptoms or problems are most concerning?

_____

_____

_____

When did you first notice the problem? How often does it occur?

_____

_____

_____

Does your child have any experience with Art Therapy or art making?

YES or NO (designate one)

if yes, please explain

_____

_____

_____

(Please note: Art experience or art interest is not required to participate. Art therapy is also not the only modality offered. Talk is also utilized.)

Describe your child's previous therapy/counseling/mental health treatment experiences:

_____

List any mental health diagnosis your child has been given and the most current if applicable:

How would you rate your child's current physical health?

Poor Unsatisfactory Satisfactory Good Very good (designate one)

How would you rate your child's current sleeping habits?

Poor Unsatisfactory Satisfactory Good Very good (designate one)

Please explain any specific sleep problems they are currently experiencing (this can include troubles falling asleep, waking, or nightmares):

What was your child's birth experience like?

Have they experienced any traumatic events (ranging from pet loss, to bullying, to accidents)?

What are their friend relationships like? Explain the dynamics of their friend group.

Has your child experienced difficulties at school? Yes No (designate one)

If yes, please explain:

_____

_____

_____

Would you be interested in me communicating with the school to help support your child?

Yes No (designate one)

If yes, how might that look for you?

_____

_____

_____

What do they like to do for fun?

_____

_____

_____

Do they follow a special diet or have any eating problems? If so, please explain.

_____

_____

_____

Is your child experiencing now (or have they ever experienced) the following? (Please check all that apply. If checked, please briefly explain and designate whether past or present.)

- ADHD (Past/ Present)_____
- Aspergers (Past/ Present)_____
- Autism (Past/ Present)_____
- Chronic pain (Past/ Present)_____
- Brain Injury (Past/ Present)_____
- Seizure disorder (Past/ Present)_____
- Dissociative Identity Disorder (Past/ Present)_____
- Experiences of Imaginary Friends or Other Personalities Past/ Present)_____
- Headaches, Dizziness (Past/ Present)_____
- Bowel Trouble (Past/ Present)_____
- Pain (Past/ Present)_____
- Tremors or Tics (Past/ Present)_____
- Feeling apart from others (Past/ Present)_____
- Low Energy (Past/ Present)_____
- Feeling Worthless (Past/ Present)_____
- Memory Problems (Past/ Present)_____

- Crying Often (Past/ Present)_____
- Unable To Enjoy Anything (Past/ Present)_____
- Restlessness(Past/ Present)_____
- Mood swings (Past/ Present)_____
- Excess Energy (Past/ Present)_____
- Confusion (Past/ Present)_____
- Excessive Spending (Past/ Present)_____
- Elated Euphoric Mood (Past/ Present)_____
- Racing Thoughts (Past/ Present)_____
- Impulsive Behavior (Past/ Present)_____
- Anger/ Explosiveness (Past/ Present)_____
- Violent Behavior (Past/ Present)_____
- Thoughts of harming others (Past/ Present)_____
- Concentration Problems (Past/ Present)_____
- Always Worried (Past/ Present)_____
- Unwanted Thoughts (Past/ Present)_____
- Seeing Things Others Do Not (Past/ Present)_____
- Hearing Voices (Past/ Present)_____
- Depression (Past/ Present)_____
- Trauma / PTSD (Past/ Present)_____
- Physical abuse/ Emotional abuse/ Sexual abuse or Assault (Past/ Present)_____
- Sexual Problems (Past/ Present)_____
- Relationship Problems (Past/ Present)_____
- Anxiety / panic (Past/ Present)_____
- OCD / Phobias (Past/ Present)_____
- Suicidal thoughts or plans (Past/ Present)_____
- Suicide attempts (Past/ Present)_____
- Eating disorders (Past/ Present)_____
- Self-injury (Past/ Present)_____
- Postpartum depression / anxiety (Past/ Present)_____
- Addictions/Substance Abuse (Past/ Present)_____
- Other addictions (gaming, gambling, sex) (Past/ Present)_____
- Bipolar disorder (Past/ Present)_____
- Schizophrenia (Past/ Present)_____
- Identity issues (Past/ Present)_____
- Grief (Past/ Present)_____
- Personality disorder (borderline, histrionic, anti-social) (Past/ Present)_____
- Homelessness (Past/ Present)_____
- Bullying (Past/ Present)_____
- Discrimination (Past/ Present)_____
- Legal issues (Past/ Present)_____
- Employment Issues (Past/ Present)_____

Please briefly answer the following. If they do not apply put N/A.

What medications is your child currently taking for physical and/or mental health related issues?

_____

_____

Family Mental Health, Addictions, or Suicide History

Please list any significant (positive or negative) life changes or stressful events your child has experienced recently:

How would you know that I have helped your child?

What do you consider your child's greatest strength(s)?

What do you consider your child's edges/ challenges?

Please describe your spiritual/religious orientation:

Is there anything else you'd like me to know about your child:

Thank you for your time and transparency in filling out the intake form and I look forward to working with you! On occasion after review of this form, I may openly refer you to someone else if I feel there is someone better suited to work with you. If this happens I will tell you up front at no charge or penalty to you. I just want you to get the most appropriate services for your needs.