



Tiffany Smith Counseling, Inc.

2901 Corporate Circle
Flower Mound, TX 7502
(214) 405-4030
tiffanysmithcounseling@yahoo.com

Child Minor Intake Form:

Date of First Appointment: _____ Age _____

Name: _____
Last First Middle

_____ *Address*

_____ *City State Zip Code*

Phone numbers: _____
Home Cell email

Race/Ethnicity: African American _____ Asian _____ Caucasian _____ Latin _____
Native American _____ Other _____

What grade are you currently in? _____

Please list the grades received on your last report card:

What is your favorite subject in school? _____

What types of extracurricular activities are you involved in? _____

Please list all of your family members:

Name	Age	Relationship	Residence

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www.tiffanysmithcounseling.com

What is your favorite activity that you do for fun? _____

Who do you confide in when you have a problem? _____

Why? _____

What are some of the rules you have at your house? _____

What type of consequences do you have at your house? _____

How many hours do you get of sleep each night? _____

Briefly describe your reason for seeking counseling: _____

What goals do you hope to achieve by attending counseling? _____

Pediatrician: _____ Phone # _____

When were you last examined by a physician? _____

List any major health problem for which you currently receive treatment:

Please list any medications you are currently taking:

Medication	Dosage	Treatment of Symptoms	Length of Use of Medication

Current height_____ Current weight_____

Are you currently involved in an exercise regimen?

Yes____ No_____ If yes please list the type of exercise and amount per week

Current hobbies/ personal interests:_____

Current religious/spiritual beliefs:_____

Do you currently feel pressure from peers to do things you don't want to do?

Are you now or have you ever been bullied at school?_____

How many times per week does your family sit down for meals together?

Have you ever previously attended therapy or received counseling services of any kind? Yes____ No_____ If yes please list the type of therapy you

received_____

Did you find treatment helpful?_____

Previous therapist: _____

Previous Psychiatric Hospitalizations?_____

Treatment and Diagnosis Rendered?_____
