

Child Minor Intake Form

Date of First Appointment: _____ Age _____

Name: _____

Address

City State Zip Code

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 or your current GPA:

What types of extracurricular activities are you involved in? _____

Briefly describe your reason for seeking counseling: _____

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

What do you do for fun: _____

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?

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? _____

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? _____

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

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	Prescribing physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____