



## Child and Adolescent Intake Information

Welcome to our office. We consider it an honor to get to know you and your child, and to help you both during this time. Please read and complete the following forms. Your therapist will greet you shortly in the waiting room.

### Child/Adolescent's Name

Home address \_\_\_\_\_ City/State \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_  
 Racial Identification \_\_\_\_\_ Parents' Marital Status \_\_\_\_\_  
 Name of School \_\_\_\_\_ Grade \_\_\_\_\_

### Mother's name

Racial Identification \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Can messages be left at these numbers or email? (Y/N please specify) \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_ Part/Full Time \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

### Father's name

Racial Identification \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Can messages be left at these numbers or email? (Y/N please specify) \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_ Part/Full Time \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

If parents are separated or divorced, how many months or years they have been apart? \_\_\_\_\_  
 Custody Status: Physical- \_\_\_\_\_ Legal- \_\_\_\_\_

**\*\*Please be aware that if parents share joint LEGAL custody; Flourish Counseling Center requires that the "consent to treat a minor" form is signed by BOTH parents\*\***

Is the minor's time divided between home settings? (if so, please explain) \_\_\_\_\_

*But I am like an olive tree flourishing in the house of God; I trust in God's unfailing love for ever and ever. ~Psalm 52:8*

Are both parents aware the minor has been brought in for counseling? (Y/N) \_\_\_\_\_

Has the child attended previous counseling? \_\_\_\_\_

Is the child on any current medications? \_\_\_\_\_

Church affiliation (if applicable) \_\_\_\_\_

Briefly describe the presenting problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of referring party \_\_\_\_\_ May we thank them? (Y/N)

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

***But I am like an olive tree flourishing in the house of God; I trust in God's unfailing love for ever and ever. ~Psalm 52:8***