Jessica Irving, MA, LPCC, AT-R

Child/Teen Intake Form

Name: ____

Nickname or preferred name: ____________________ Birth date: ______________

Current school setting and grade level: ______________________________

Referred by: ____

Primary Address: ____

Primary Phone Number: ________________________ OK to leave message? ________

Primary E-mail: ____________________________ OK to e-mail? ____________

Parent/guardian name: ______________ Primary Phone#: ____________________

E-mail: ____________________

Parent/guardian name: ______________ Primary Phone#: ____________________

E-mail: ____________________

Background

Goals or hopes for therapy:

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Child's strengths, skills, and interests: ______________________________

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Is your child experiencing challenges with any of the following? If so, please describe:

____ Communication ____

____ Sleeping or Nightmares ____

____ Eating or Toilet Use ____

____ Academics ____

____ Peer Relationships ____

____ Family Relationships ____

Medical History

Please list any past and/or current medical conditions or mental health diagnoses for your child:________

____

Please list any medications, including herbal remedies, your child is taking: ______________________

____

Has your child participated in therapy before? ____________ If yes, how did it go? ____________

____

Please list any current or recent care providers, including therapists, specialists, etc.: ____________

____

Has your child experienced any of the following:

____ Domestic Violence
____ Family Separation/Divorce
____ Drug/Alcohol Use
____ Suicidal ideation
____ Suspension/Expulsion
____ Hospitalization
____ Disordered Eating
____ Chronic Medical Condition
____ Incarceration

Please describe any items checked above:

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____

Family

Please list those who live in the client's home:

Name	Age	Relationship

Are there currently any custody arrangements or court orders related to your child?___________________

If yes, please describe: ____

____

Anything else you would like to share, related to your child's health and well-being?:

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