Finding Center Counseling and Wellness Services
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CHILD INTAKE FORM

FOR PARENT TO COMPLETE

Hello and welcome. Thank you for taking the time to complete this form. The information is meant to help us start our time together in a meaningful way.

PERSONAL INFORMATION

Child's Name: _________________________________ Date of Birth: ___________ Age: ______

Parent's Name(s): ____

Primary Address: ____
City State Zip

Phone #'s: (H) __________________ (W) _____________________ (C) _____________________
Ok to leave message? Yes / No Yes / No Yes / No

E-Mail: ____________________________________ Referral source: ________________________

Employer: __________________________ Occupation: _____________________ Part / Full Time

Employer's Address: ____
City State Zip

Child's Racial/Ethnic Identity: ________________ Child's Gender Identity: ___________________

Child's Primary Care Physician: _____________________________ ph: ______________________

Child's School: ____ grade: ___________________

Emergency Contact: ______________________________________ ph: ______________________

CURRENT REASON FOR SEEKING COUNSELING

Briefly describe what you identify as the primary concerns/struggles: ________________________

____

____

What would you like to happen as a result of counseling? __________________________________

____

____

PAST EXPERIENCE WITH COUNSELING

Experience with therapy (when, how long, with whom): ___________________________________

____

What was most helpful? ____

____

Was anything unhelpful? ____

____

CHILD'S PERSONAL STRENGTHS

What gifts and talents does your child have? ____

____

____

What activities does your child enjoy and participate in? ___________________________

____

____

Does your family have a spiritual or religious belief that is meaningful in your lives? If so, please describe:

____

____

What other strengths do you see in your child? ______________________________________

____

____

EDUCATION

What school does your child attend? ______________________________________ Grade: ________

Teacher's name: ____

What does your child's teacher say about them? ______________________________________

____

____

Have you connected with the school counselor? Yes No If yes, was it helpful? Yes No

School Counselor's Name: ____

Have your child ever repeated a grade: Yes No If so, which one(s)? ____________________

Has your child ever received special education services? Yes No

If yes, last IEP date: __________________ IEP Case Manager: ______________________________

Main Goals of IEP: ____

____

CHILD'S DEVELOPMENT

Were there any complications with the pregnancy or birth of your child? Yes No

If yes, describe: ____

____

Did your child have any health problems at birth? Yes No

If yes, describe: ____

____

Has your child experienced any emotional, physical or sexual abuse? Yes No

If yes, describe: ____

____

Has your child experienced any trauma? Yes No

If yes, describe: ____

____

FAMILY HISTORY

Parents' Marital Status:
Single Involved Living Together Married Divorced Separated Widowed

Length of marriage/relationship: __________ If divorced, child's age at time of divorce: __________

If divorced, how much time does your child spend with each parent: _________________________

____

Family Members/Others Living in Parent 1's Home:

Name ______________________________ Relationship ________ Gender_______ Age _____

Name ______________________________ Relationship ________ Gender_______ Age _____

Name ______________________________ Relationship ________ Gender_______ Age _____

Name ______________________________ Relationship ________ Gender_______ Age _____

Family Members/Others Living in Parent 2's Home:

Name ______________________________ Relationship ________ Gender_______ Age _____

Name ______________________________ Relationship ________ Gender_______ Age _____

Name ______________________________ Relationship ________ Gender_______ Age _____

Name ______________________________ Relationship ________ Gender_______ Age _____

FAMILY CONCERNS

✓	*Check if your family is currently experiencing*	✓	
	Fighting		Disagreeing about relatives
	Feeling distant		Disagreeing about friends
	Loss of fun		Alcohol use
	Lack of honesty		Drug use
	Physical fights		Feeling unsafe
	School problems		Divorce/separation
	Financial problems		Issues regarding remarriage
	Death of a family member		Birth of a sibling
	Abuse/neglect		Birth of a child
	Inadequate housing		Inadequate health insurance
	Adult is unemployed		Addiction
	Disrespecting each other		Other…

Is there anything else you would like to share? ____

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