



Abundant Life
COUNSELING SERVICES, P.A.

CHILD INTAKE FORM FOR PARENTS

Thank you for choosing Abundant Life Counseling Services, P.A. To better assist us in helping your child, please fill out this form as fully and openly as possible. All information is held in strictest confidence within legal limits. If certain questions do not apply to the child, please leave them blank.

Information supplied by: _____ Relationship to the child: _____

IDENTIFYING INFORMATION

Child's Full Name _____ Nick Name _____

Date of Birth _____ Present Age _____ Male _____ Female _____

School Attending _____

Name of Parents/Guardians _____

With whom does the child live? _____

Primary Guardian(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

May we call you at your home? Yes _____ No _____

May we call you at your office? Yes _____ No _____

May we call you on your cell phone? Yes _____ No _____

May we leave a message at home? _____ Office? _____ Cell? _____

Your email address _____

Does the child attend church regularly? Yes _____ No _____

Name and denomination of church _____

PERSONAL CONCERNS

Please describe the concerns you have about your child and the reasons you are seeking help.

When were these difficulties first noticed? Please explain as fully as you can: _____

List the child's behaviors that you would like to see changed: _____

List his/her three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

List his/her three greatest weaknesses or areas of improvement:

- 1) _____
- 2) _____
- 3) _____

Briefly describe his/her ways of expressing the following:

Anger _____

Happiness _____

Sadness _____

Anxiety _____

BEHAVIORS OF CONCERN

Please check how often the following behaviors occur:

- | | | | | | | | | |
|-----------------------------------|-------|-------|--------|-------|-----------|-------|------------|-------|
| 1. Loses temper easily | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 2. Argues with adults | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 3. Refuses adults' requests | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 4. Deliberately annoys people | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 5. Blames others for own mistakes | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 6. Easily annoyed by others | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 7. Angry (recently) | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 8. Spiteful/Vindictive | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 9. Defiant | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 10. Bullies/Teases Others | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 11. Initiates fights | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |
| 12. Uses a weapon | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently | _____ |

13. Physically cruel to people	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
14. Physically cruel to animals	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
15. Stealing	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
16. Forced sexual activity	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
17. Intentional arson	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
18. Burglary	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
19. "Cons" other people	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
20. Runs away from home	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
21. Truant at school	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
22. Doesn't pay attention to details	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
23. Several careless mistakes	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
24. Does not listen when spoken to	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
25. Doesn't finish chores/homework	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
26. Difficulty organizing tasks	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
27. Loses things	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
28. Easily distracted	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
29. Forgetful in daily activities	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
30. Fidgety/squirmy	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
31. Difficulty remaining seated	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
32. Runs/climbs around excessively	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
33. Sexually active	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
34. Hyperactive	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
35. Difficulty awaiting turn	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
36. Interrupts others	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
37. Problems pronouncing words	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
38. Poor grades in school	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
39. Expelled from school	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
40. Drug use	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
41. Alcohol consumption	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
42. Depression	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
43. Shy/avoidant/withdrawn	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
44. Suicidal threats	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
45. Suicidal attempts	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
46. Fatigued	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
47. Anxious/nervous	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
48. Excessive worry	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
49. Sleep disturbance	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
50. Panic attacks	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____
51. Mood Shifts	Never	_____	Rarely	_____	Sometimes	_____	Frequently	_____

For each of the behaviors noted above as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Please give examples. Use the back of this sheet if necessary.

Has the child had any previous professional assistance with the problems stated here? If so, please provide information.

1. Who was the counselor? _____
What was the problem? _____
How many sessions, over what period of time? _____
What were the results? _____

2. Who was the counselor? _____
What was the problem? _____
How many sessions, over what period of time? _____
What were the results? _____

FAMILY HISTORY

Mother's Name _____ Mother's Age _____

Father's Name _____ Father's Age _____

If parents are separated or divorced, how old was the child when this happened?

Is your child adopted? Yes _____ No _____ Is he/she aware of the adoption? Yes _____ No _____

If divorced or adopted, describe your relationship with the child's other biological parent(s) _____

Has he/she ever been in foster care? If so, please list when, where and all pertinent information _____

Please list all family members currently living at home or closely connected with the family. Indicate their ages, relationship to this minor and their school grade or occupation.

Name	Age	Relationship	Grade/Occupation

Does this child have any siblings not presently living with them? Please explain. _____

How does this child get along with his/her brothers or sisters? _____

Describe any special activities you do with the child: _____

List the child's main difficulties at home: _____

Describe how the child is disciplined: _____

For what reasons is the child disciplined? _____

SOCIAL DEVELOPMENT AND PEER RELATIONSHIPS

What special interests, hobbies, sports, and games does the child enjoy, both in and after school?

When he/she chooses playmates, are they:

- | | |
|---------------|-------------------------|
| _____ Older | _____ Boys |
| _____ Younger | _____ Girls |
| _____ Own age | _____ Both boys & girls |

In activities, is the child a leader, follower, or loner? _____

Does the child prefer the company of adults to other children? Yes _____ No _____

Does the child have at least one best friend? Yes _____ No _____

What is the friend's age? _____

EMOTIONAL DEVELOPMENT

Please check any and all that family members, teachers or others have used to characterize your child:

- | | |
|---|---|
| <input type="checkbox"/> Restless/Inattentive | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Humorous/Fun | <input type="checkbox"/> Quick to Anger |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Depressed/Sad |
| <input type="checkbox"/> Daydreamer | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Immature | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Nervous/Tense |

SCHOOL HISTORY

Briefly describe how he/she is doing in school. Please note areas of strength and weakness in school.

What grades does the child usually receive? _____

Have these grades changed recently? Yes _____ No _____ If yes, how? _____

Please explain the circumstances if this child has:

1. Had extended or frequent absences _____
2. Had to repeat a grade _____
3. Changed schools mid-year _____
4. Started the school year at a new school _____

Has he/she had any remedial help or special education services in school or privately? Yes ____ No ____

If yes, please describe and give approximate ages. _____

How does the child get along with the teacher and other students in school? _____

List the child's main difficulties at school: _____

HEALTH INFORMATION

Please describe the child's general health. _____

Does he/she currently have any serious illnesses, injuries or handicaps? _____

Please list all important past illnesses, accidents, injuries or handicaps. _____

Please give reasons and approximate dates for any hospitalizations: _____

Are there any conditions that require regular medical care? _____

Does he/she have any difficulties with vision or hearing? (Please note date and results of any previous vision or hearing exams) _____

Does he/she have any allergies? Yes _____ No _____ If yes, please identify: _____

How many hours does he/she sleep each night? _____

Does he/she experience food cravings? Yes _____ No _____

If so, for what items? _____

Recent (3 months) weight change: Lost _____ lbs. Gained _____ lbs.

How would you rate his/her diet:

Very Healthy _____ Healthy _____ Average _____ Needs Improvement _____ Poor _____

Is he/she currently on medications? Yes _____ No _____

If so, please complete the following:

Medication	Dosage	Frequency	Purpose	Physician

Pediatrician/Primary care physician _____

Physician's phone number _____

Date of last physical exam _____ Date of last routine checkup _____

Is he/she currently using any drugs or alcohol for recreational purposes? Yes _____ No _____

Unsure _____. If so, please list the drug(s) and alcohol:

Drug	Amount	Frequency

Please give any additional information that you believe would be helpful.

EMERGENCY CONTACT

Whom should we contact in case of emergency?

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____