

CHILD/ADOLESCENT INTAKE INFORMATION FOR PARENTS

Please bring this completed questionnaire with you to your first appointment.

A COPY OF ANY CUSTODY AGREEMENT IS REQUIRED PRIOR TO TREATMENT

***Please complete all questions (PRINT)**

Today's Date: / /		Name of person filling out form:	
		Relationship to Minor:	
Child's Name:		Child Age:	DOB:
Social Security # (if you want to file insurance):		Gender:	Religion:
Insurance Carrier:			
Parents Currently: Married Separated Domestic Partners Divorced Other			
Custody Arrangements (_____% legal, _____% physical): *Please provide copy of custody agreement.			
Parent A / Name:		Relationship to child?	
Home Address (Parent A):			
Home Phone (A): OK to leave voicemail? Y / N		Cell Phone (A): OK to leave voicemail? Y / N	
What % of time does the child spend in Parent A's home?			
Stepparent's Name:			
Please list other siblings or step-siblings/half-siblings living in this home:			
1. Name: _____		Age: _____	
2. Name: _____		Age: _____	
3. Name: _____		Age: _____	
Parent B / Name:		Relationship to child?	
Home Address (Parent B):			
Home Phone (B): OK to leave voicemail? Y / N		Cell Phone (B): OK to leave voicemail? Y / N	
What % of time does the child spend in Parent B's home?			
Stepparent's Name:			
Please list other siblings or step-siblings/half-siblings living in this home:			
1. Name: _____		Age: _____	
2. Name: _____		Age: _____	
3. Name: _____		Age: _____	

Child's Legal Guardian is:		
Name of current school:	Grade:	
Has your child ever skipped a grade(s)? If yes, explain:		
Does your child have any learning differences/difficulties/gifted? If yes, explain:		
Emergency Contact:		
Name: _____	Phone: _____	
Name: _____	Phone: _____	
1. Has child received counseling/psychological testing/treatment before If yes, when, from whom, for what and with what results?	Y	N
2. Has your child ever been prescribed medications for psychiatric or emotional problems? If yes, when, from whom, for what and with what results?	Y	N
3. Please list any inpatient psychiatric hospitalizations; include dates:		
4. Name of primary care physician: _____ Address: _____ Phone: _____		
5. Please list any current medications, supplements, including over the counter:		
6. Please list current medical illness or health related concerns:		
7. Please list hospitalizations, including surgeries and provide dates:		
8. Does your child have any current legal charges, court involvement or is under court order to receive mental health services? If yes, please explain:	Y	N

9. Please list immediate family members history of mental illness or alcohol/substance abuse or behavioral addictions:

10. What are your goals for counseling:

11. What have you tried that has helped?

12. What have you tried that made it worse?

Permission To Provide Professional Services To My Child

Generally the therapist needs to have **BOTH biological parents' permission** for a child to receive professional services, unless provided copies of a legal document indicating otherwise. **If the biological/legal parents are living together**, you can fill out one Child Intake Form. You both need to sign below, indicating your permission for your child to receive mental health treatment from therapists at New Focus Marriage & Family Counseling Inc. **If the parents are separated**, you will be provided with two Child Intake Forms for completion, and each of you should provide your permission by signing your own form. Please note, that either or both parents may be able to obtain copies of our records for the minor, unless we have copies of legal documents indicating otherwise.

My signature below indicates that I have given the therapist(s) at New Focus Marriage & Family Counseling Inc., Janet E. Akyol, MFT, or her Intern _____ permission to provide mental health services to my child, (Name of child): _____

Parent A's Signature: _____ **Relationship:** _____ **Date:** _____

Parent B's Signature: _____ **Relationship:** _____ **Date:** _____

How to did you hear about us? (Who referred you?):

Friend/relative Court/Social Services Doctor/Therapist _____

Other/ Specify _____ Flyer/Mailing Internet _____

- Good therapy
- Google
- Janetakyol.com
- Networktherapy
- Other _____
- Psychologytoday
- Theravive
- newfocusmfc.com
- Yahoo
- Yellowpages

