



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:

Child's strengths, skills, and interests: _____

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Family Separation/Divorce | <input type="checkbox"/> Drug/Alcohol Use |
| <input type="checkbox"/> Suicidal ideation | <input type="checkbox"/> Suspension/Expulsion | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Disordered Eating | <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Traumatic Experience | <input type="checkbox"/> Bullying/Abuse | <input type="checkbox"/> Depression/Anxiety |

Please describe any items checked above:

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?:

