

Name:			Date:		
Address:			City:		
Zip Code:					
Age: M / F Birthd					
Who referred you here?					
Work hrs/wk:TV / Video Games hrs/wk:					
Major Interests (Activites, Hobbies,				•	
Mother's birth date:					
Address:		Work N	umber:		
Education: Occ	n: Occupation:			Religion:	
Father's birth date:	r's birth date: SS#		Phone Number:		
Address:		Work N	umber:		
Education: Occ	Occupation: Employer:		Religion:		
FAMILY STRUCTURE:					
Name	Relationship	Age	If deceased, year	City of Residence	
Primary Household					
Second Household					
Second Household					
Other Immediate Relatives					
		-			
	Matarial Cuandinath				
	Maternal Grandfather				
	Maternal Grandfather				
	Paternal Grandmother  Paternal Grandfather				

## **Child Intake Information**

How is your child doing in school?
What is the present difficulty?
History of Medical Illness, Operations, Traumas:
Medications:
Drug Allergies:
Do you suspect that your child is using alcohol or mood altering drugs? Explain:
Previous counseling, reason, outcome:
What stressful life events has this child experienced?
What else do you want us to know about your child?
If living away from home and >12 yoa:
Emancipated minor: Y / N If Y , then: Have proof? Y / N Married: Y / N Support self: Y / N In Military: Y / N