

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