

Valencia Relationship Institute

28494 Westinghouse Place, #213, Valencia, Ca. 91355

CHILD / ADOLESCENT INTAKE FORM

To be filled out by parent or guardian requesting services for a minor child. This information will help your therapist understand your child. It, as all communications with your therapist, will be kept confidential.

BACKGROUND INFORMATION

Date: _____

Child's name: _____ **Date of birth** _____ **Age:** ____

Address/City/Zip Code: _____

Home phone: _____

Child/Adolescent cell phone: _____

Child / Adolescent lives with _____

Previous Counseling / Therapy? ____ (If yes, with whom and for how long?)

Emergency contact (other than parent(s)) _____ **Phone** _____

Child / Adolescent's special interests, hobbies, extra-curricular activities:

Who may I thank for referring you to my office today?

MOTHER'S INFORMATION

Name: _____ BD: _____ Age: _____

Address: (if different from patient) _____

Home phone: (If different from patient) _____

Cell phone: _____

Employer: _____ Occupation: _____

Work phone / Ext. _____

FATHER'S INFORMATION

Name: _____ BD: _____ Age: _____

Address: (if different from patient) _____

Home phone: (If different from patient) _____

Cell phone: _____

Employer: _____ Occupation _____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION:

Name: _____ Relationship to Client: _____

Phone: (if different from above) _____

Address: (if different from above) _____

Patient's Signature/Parent of Minor

Date

SCHOOL INFORMATION

Name of School_____ Grade_____ Teacher/Counselor_____

Does your child have any educational concerns/peer problems?

Does your child have a 504 plan or IEP? _____

MEDICAL HISTORY

Child's Pediatrician_____ Phone #_____

Date of Last Physical Exam: _____

Is your child currently being seen by a psychiatrist?

If yes, name of psychiatrist: _____ Phone # _____

Current Medications: _____

List any injuries and/or hospitalizations. Indicate age when occurred and describe how severe.

DESCRIBE THE CONCERNS FOR SEEKING TREATMENT FOR YOUR CHILD:_____

LIST 3 GOALS FOR YOUR CHILD/ADOLESCENT THAT YOU WOULD LIKE TO SEE ACHIEVED THROUGH COUNSELING:

1. _____

2. _____

3. _____