

Nancy Walden, M.Ed., LPC, RPT, NCC
Walden Child & Adolescent Counseling, PLLC
19315 FM 2252, Ste. 155
Garden Ridge, TX 78266
(210)904-4940/Fax (830)626-1880
counselornancy@yahoo.com

Intake Form

Client Information – Minor or Dependent Child

Name _____ Date _____

Name preferred to be called/Nickname: _____

Address _____ City _____ State _____ Zip _____

Age: _____ Gender: _____ DOB: _____

Name of School: _____ Grade: _____

Medication(s): _____

Parent/Guardian Information

Parent/Guardian 1: Name _____ age: _____

Occupation: _____

Phone: Home: _____ Cell: _____ Work: _____

EMAIL address: _____

Parent/Guardian 2: Name _____ age: _____

Occupation: _____

Phone: Home: _____ cell: _____ work: _____

E-MAIL Address: _____

May I leave a message on phone? YES NO

May I email you? YES NO

FAMILY

Siblings: Name _____ age: _____ full step half (circle)

Name _____ age: _____ full step half

Name _____ age _____ full step half

Name _____ age: _____ full step half

Client: _____

Please check all that apply:

Parents are married and living together

Child lives with mother part time

Parents are divorced and living together

Child lives with father full time

Parents are divorced and living apart in same state

Child lives with father part time

Parents are divorced and living apart in different states

Child lives with grandparent(s):

Mother is remarried

Child lives in foster care

Father is remarried

Child lives with one parent and grandparents

Child lives with mother full time

Child lives with aunt/uncle

Other living arrangement

Parents/Guardians living in home: _____

Siblings living in home (name and ages): _____

Parent/Guardian outside of home: _____

Siblings outside of home: _____

For children, please describe any custody and visitation arrangements: _____

SOCIAL HISTORY

1. Check all that describe your child socially:
- | | |
|--|---|
| <input type="checkbox"/> Other children seek him/her out for play | <input type="checkbox"/> other children ignore my child some of the time |
| <input type="checkbox"/> He/She seeks others for play | <input type="checkbox"/> my child fights a lot with other children |
| <input type="checkbox"/> He/She prefers to play alone | <input type="checkbox"/> my child play cooperatively with other children most of the time |
| <input type="checkbox"/> lots of children like him/her, FEW dislike him/her | <input type="checkbox"/> my child has difficulty making friends |
| <input type="checkbox"/> lots of children like him/her, BUT lots of children dislike him/her | <input type="checkbox"/> my child makes friends easily |
| <input type="checkbox"/> other children ignore my child most of the time | |
2. How many friends does your child have at home? _____
3. How much time does your child spend playing with friends? _____
4. Does your child have a best friend? YES NO First Name? _____
5. How does your child get along with nonparent adults? (check all that apply)
- | | | | | |
|---|---|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> cooperative | <input type="checkbox"/> disobedient | <input type="checkbox"/> disrespectful | <input type="checkbox"/> obedient |
| <input type="checkbox"/> better behaved than with parents | <input type="checkbox"/> adults like my child | | | |
| <input type="checkbox"/> other(describe) _____ | | | | |
6. How does your child get along with siblings?
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Protective | <input type="checkbox"/> aggressive | <input type="checkbox"/> won't share | <input type="checkbox"/> wants to be babied |
| <input type="checkbox"/> jealous | <input type="checkbox"/> ignores them | <input type="checkbox"/> plays well, limited arguing | |
| <input type="checkbox"/> plays well, but argues frequently | <input type="checkbox"/> always breaking up fights/arguments | | |
7. Is your child sexually active? YES NO If yes, at what age?
8. Has your child ever been arrested, accused, or convicted of a crime? Please describe:

Client: _____

ACADEMIC HISTORY

1. Has your child attended day care? YES NO What age? _____
2. Age your child started Kindergarten? _____ Has your child repeated a grade? YES NO
Describe: _____

3. Does your child have a learning disability? YES NO Please indicate type and when diagnosed: _____

4. Does your child have an IEP? YES NO Please indicate type and when it was introduced:

5. What school subject(s) does your child enjoy and thrive in? _____

6. What school subject(s) does your child dislike and struggle with? _____

7. How would your child's teacher(s) describe him/her?

__ Shy	__ Popular
__ Overachiever	__ Trouble maker
__ Class clown	__ Other: _____
8. Please describe any issues or concerns you may have about your child's academics:

ACTIVITIES

1. What are your child's hobbies and interests? (Boy/Girl Scouts, sports, reading, etc.) How much time per week does your child spend in each?

2. How many hours a day does your child typically watch TV? _____ What are your child's favorite shows? _____
3. When does your child typically do his/her homework? (e.g., after school, before dinner, after dinner)

4. What is your child's bedtime? Weeknights _____ Weekends _____
Is this enforced? Always _____ Most of the time _____ Sometimes _____ Never _____
5. What is your child's routine one hour before bedtime? _____

PRESENTING PROBLEM

Briefly describe your concerns about the child:

How long have you had these concerns & why are you seeking counseling now?:

Have you or the child ever been to counseling before? If so, when and where?

How does your child *usually* cope when under stress? Check all that apply

- tries to solve problem alone seeks information regarding problem
- asks parents or other adult for help asks friends for help
- gives up easily makes a joke about the problem prays or asks God for help
- refuses to talk about it "holds it in" ignores or pretends there is no problem
- becomes anxious and/or tearful becomes angry and/or throws tantrums
- takes positive attitude toward problem get physically ill pretends to be ill
- becomes manipulative or deceitful withdraws, tries to be alone
- other: _____
-

All information is correct to the best of my knowledge.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date: _____

Client: _____