Child and Teen Intake Form

Andrea Palmer, MA, LPC, NCC
Baton Rouge Counseling Associates

Child's Name _____ Date _____
Address _____
Phone _____
DOB _____ Age _____ Sex _____ Race_____
Legal Guardian(s) _____

School _____
Grade _____ Teacher/Advisor _____

Mother's Name _____
Address _____
Phone _____ May I leave a voicemail? _____
Email _____ May I email you? _____
Occupation and Employer _____

Father's Name _____
Address _____
Phone _____ May I leave a voicemail? _____
Email _____ May I email you? _____
Occupation and Employer _____

Emergency Contact _____
Relationship to Child _____ Phone _____

Primary Care Physician _____
Phone _____ Last exam date _____
Medications _____
Medical Conditions _____
Is child in overall good health? _____

Has your child seen a counselor before, if so who? _____
What was the outcome of counseling? _____
_____
Family history of mental health concerns _____
_____
Other professional(s) working with your child (name, title, reason) _____
_____

Presenting problem that you are seeking services for. _____
_____
_____
_____
_____

What is your desired goal for counseling for your child? _____
_____
_____
_____

What are your child's strengths? _____
_____
_____

What are your child's weaknesses? _____
_____
_____

Is your child involved in any activities? If so, please list. _____
_____
_____

Religious Affiliation _____
Does child attend church? If so, where? _____
Explain importance spirituality/religion plays in child's life. _____
_____
_____

Please list family members living in the home, ages and relationship to child.
_____
_____
_____
_____

Is there any other information you would like to include? _____
_____
_____
_____
_____

How did you hear about BRCA? _____

Please check all that apply to your child:

___ Increased anxiety
___ Increased irritability
___ Loss of interest in activities
___ Rape
___ Sexual Abuse
___ Physical Abuse
___ Substance abuse
___ Change in eating habits
___ Change in sleep patterns
___ Divorce of parents
___ Separation of parents
___ Change in living situation
___ Change in school
___ Change of friends
___ Change in grades
___ Learning disability
___ Illness/injury
___ Death of parent or loved one