

**Baton Rouge Counseling Associates, LLC
NEW CLIENT-CHILD INTAKE FORM**

CLIENT INFORMATION

Date: _____
 Child's Name: _____
 Address: _____
 City/State: _____ Zip Code: _____
 Phone: (home) _____ (cell) _____
 Email: _____
 DOB: _____ Age: _____ Sex: _____ Grade: _____
 School: _____
 Teacher's Name: _____
 Does the child attend church? _____
 If so, where? _____
 Religious Affiliation: _____
 Child's custodian/legal guardian(s) is/are: _____

FATHER'S INFORMATION

Father's Name: _____
 Father's Address: _____
 City/State: _____ Zip Code: _____
 Phone: (home) _____ (cell) _____
 Occupation: _____
 Employer: _____
 Religious Affiliation: _____
 Church: _____
 Father's Marital Status: _____

MOTHER'S INFORMATION

Mother's Name: _____
 Mother's Address: _____
 City/State: _____ Zip Code: _____
 Phone: (home) _____ (cell) _____
 Occupation: _____
 Employer: _____
 Religious Affiliation: _____
 Church: _____
 Mother's Marital Status: _____

FAMILY COMPOSITION

Who lives in the same household as the child?

Name	Age	Relationship
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

MEDICAL AND PERSONAL INFORMATION

Has your child been to a counselor before? _____
 Counselor's Name : _____

 Dates To/From: _____
 Reason for Termination: _____

 Outcome: _____
 Child's Pediatrician: _____
 Date of Last Exam: _____
 Please rate child's health: Excellent Good Average Poor
 Is your child on medication? If yes, what kind(s): _____

Does your child have an addiction? Yes No Uncertain
 Has your child ever been arrested? Yes No Uncertain
 Has your child had any previous trauma? Yes No Uncertain
 If yes, please explain: _____

Who referred you to this office? _____

EMERGENCY CONTACT INFORMATION

Name: _____
 Phone: _____

 Address: _____
 City/State: _____ Zip Code: _____
 Relationship to child: _____

I, the responsible party (the undersigned), acknowledge that I/we have read a copy of the "Declaration of Practices and Procedures" issued by the counselor at BR Counseling Associates.

Client's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Please do your best to answer the following questions:

Describe your reason(s) for seeking help.

What is the current family situation?

What are the child's strengths? Weaknesses?

How does the child handle stress?

What outcomes would you like to see as a result of counseling?

PLEASE CHECK ANYTHING YOUR CHILD HAS GONE THROUGH IN THE LAST 12 MONTHS:

- Death of Parents, family member, or close friend
- Divorce of Parents
- Separation of Parents
- Remarriage of Parents
- Personal illness or injury
- Change in family member's health
- Pregnancy
- Sexual abuse
- Addition to family
- Change of financial status of parents
- Brother or sister leaving home
- Outstanding personal achievement
- Starting or finishing school
- Change in living conditions
- Change in parent's work hours
- Change in caregivers
- Change in residence
- Change in schools
- Change in recreational habits or friends
- Change in sleeping/eating habits
- Problems at school
- Problems at work
- Legal problems
- Other

Please list any other information you think we should know about your child's medical, social, or emotional history:
