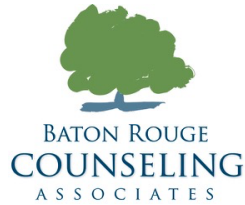


DATE :



CHILD CLIENT - INTAKE FORM

CLIENT INFORMATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Does the child attend church: Y N If so, where? \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Child's custodian/legal guardian is/are: \_\_\_\_\_

PARENT INFORMATION

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Father's Marital Status: \_\_\_\_\_

DATE :

**PARENT INFORMATION**

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Mother's Marital Status: \_\_\_\_\_

**FAMILY COMPOSITION**

Who lives in the same household as this child (please include names, ages, & relationship)?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**MEDICAL & PERSONAL INFORMATION**

Has your child been to a counselor before? Y N Counselor's Name: \_\_\_\_\_

Dates To/From: \_\_\_\_\_

Reason for Ending Counseling: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Last Visit: \_\_\_\_\_

Please rate child's health:    Excellent        Good        Average.        Poor

Please list medications that your child currently takes: \_\_\_\_\_

\_\_\_\_\_

DATE :

|   |     |    |           |
|---|-----|----|-----------|
| 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 Baton Rouge Counseling Associates? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Describe your reason(s) for seeking counseling today: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the current dynamics with in your family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are three words you would use to describe your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your child handle stress? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE :

What would you like your child to gain from counseling? \_\_\_\_\_

Please circle any of the following that your child has experienced in the past 12 months:

|  |                                  |                                       |
|--|----------------------------------|---------------------------------------|
| Loss of Parent, Family Member, or Close Friend | Pregnancy                        | Change in Caregivers                  |
| Divorce of Parents                             | Sexual Abuse                     | Change in Schools                     |
| Separation of Parents                          | Sibling Leaving Home             | Change in Recreational Habits/Friends |
| Remarriage of Parents                          | Outstanding Personal Achievement | Change in Sleeping/Eating Habits      |
| Personal Illness or Injury                     | Change in Living Conditions      | Problems at School/Work               |
| Change in Family Member's Health               | Change in Parent's Work Hours    | Legal Problems                        |

Please include any other important information to your child's medical social, or emotional history:

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#### DECLARATION OF PRACTICES AND PROCEDURES

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 Baton Rouge Counseling Associates.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_