



## Child/Adolescent (C/A) Individual Intake Form

C/A's Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian's phone (home) \_\_\_\_\_ Guardian's phone (cell) \_\_\_\_\_

Guardian's phone (work) \_\_\_\_\_ Guardian's email \_\_\_\_\_

C/A's phone \_\_\_\_\_ C/A's email \_\_\_\_\_

Preferred way to be contacted:  Guardian  Child/Adolescent  
 Home  Cell  Work  Email  Mail

Can I leave a phone message?  Yes  No Can I send a text?  Yes  No

### Relationship Status:

\_\_\_\_\_ Single  
\_\_\_\_\_ Dating  
\_\_\_\_\_ Other: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Gender:

\_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_ Other: \_\_\_\_\_

### Current Living Situation (describe):

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

### Ethnic/Racial Origin:

\_\_\_\_\_ Asian / Asian-American  
\_\_\_\_\_ Black / African-American  
\_\_\_\_\_ Caucasian / White / Euro-American  
\_\_\_\_\_ Latino/a / Hispanic (Please specify: \_\_\_\_\_)  
\_\_\_\_\_ Middle Eastern  
\_\_\_\_\_ Native American / Indian  
\_\_\_\_\_ International  
\_\_\_\_\_ Biracial / Multiracial (Please specify: \_\_\_\_\_)  
\_\_\_\_\_ Other: Please specify: \_\_\_\_\_  
\_\_\_\_\_ Would not like to disclose

Referring Person/Agency: \_\_\_\_\_

### Previous Counseling/Therapy Experiences:

\_\_\_\_\_ None  
\_\_\_\_\_ Therapist: (Dates) \_\_\_\_\_  
\_\_\_\_\_ Agency: (Dates) \_\_\_\_\_

### If parents are divorced/separated:

Who has custody? \_\_\_\_\_

What are the parenting arrangements? \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Spiritual / Religious Affiliation:

- Catholic  Protestant  Muslim  Hindu  Buddhist  Jewish  Atheist  Islamic  
 Mormon  Baptist  Episcopalian  Lutheran  Methodist  PCA/PCUSA  Mennonite  
 Chinese Traditional  Non-Denominational  Other: \_\_\_\_\_  
 Would not like to disclose

Currently practicing religion / spirituality?  Yes  No  I would not like to disclose

Please list any medications child/adolescent is currently taking and what they treat:

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Please list any other drugs child/adolescent is currently taking (including recreational):

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Please list any medical issues child/adolescent is currently receiving treatment for:

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Please provide information about child/adolescent's family:

	Name	Occupation	Alive/Deceased	Age
Parent(s)				
Step-Parent(s)				
Sibling(s)				
Children				
Other				

What would you like your child/adolescent to accomplish in therapy?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Guardian Information

Primary Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian's phone (home) \_\_\_\_\_ Guardian's phone (cell) \_\_\_\_\_

Guardian's phone (work) \_\_\_\_\_ Guardian's email \_\_\_\_\_

Preferred way to be contacted:  Home  Cell  Work  Email  Mail

Can I leave a phone message?  Yes  No    Can I send a text?  Yes  No

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Relationship Status:

- \_\_\_\_\_ Single
- \_\_\_\_\_ Dating
- \_\_\_\_\_ Engaged
- \_\_\_\_\_ Married/Living with Partner
- \_\_\_\_\_ Separated
- \_\_\_\_\_ Divorced
- \_\_\_\_\_ Widowed
- \_\_\_\_\_ Single Parent
- \_\_\_\_\_ Other: \_\_\_\_\_

Ethnic/Racial Origin:

- \_\_\_\_\_ Asian / Asian-American
- \_\_\_\_\_ Black / African-American
- \_\_\_\_\_ Caucasian / White / Euro-American
- \_\_\_\_\_ Latino/a / Hispanic (Please specify: \_\_\_\_\_)
- \_\_\_\_\_ Middle Eastern
- \_\_\_\_\_ Native American / Indian
- \_\_\_\_\_ International
- \_\_\_\_\_ Biracial / Multiracial (Please specify: \_\_\_\_\_)
- \_\_\_\_\_ Other: Please specify: \_\_\_\_\_
- \_\_\_\_\_ I would not like to disclose

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Relationship to Client:  Mother  Father  Step parent  Foster parent  Adoptive Parent  
 Legal guardian  Relative: \_\_\_\_\_  Other: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_

Spiritual / Religious Affiliation:

- Catholic  Protestant  Muslim  Hindu  Buddhist  Jewish  Atheist  Islamic
- Mormon  Baptist  Episcopalian  Lutheran  Methodist  PCA/PCUSA  Mennonite
- Chinese Traditional  Non-Denominational  Other: \_\_\_\_\_
- I would not like to disclose

Are you currently practicing your religion / spirituality?  Yes  No  I would not like to disclose

Other relevant details to include:

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

Additional Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian's phone (home) \_\_\_\_\_ Guardian's phone (cell) \_\_\_\_\_

Guardian's phone (work) \_\_\_\_\_ Guardian's email \_\_\_\_\_

Preferred way to be contacted:  Home  Cell  Work  Email  Mail

Can I leave a phone message?  Yes  No Can I send a text?  Yes  No

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- \_\_\_\_\_ I would not like to disclose

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Birthdate: \_\_\_\_\_

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Gender:  Male  Female  Other: \_\_\_\_\_

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- Chinese Traditional  Non-Denominational  Other: \_\_\_\_\_
- I would not like to disclose

Are you currently practicing your religion / spirituality?  Yes  No  I would not like to disclose

In case of emergency:

Local friend/relative (please have one not living with C/A)	Relationship	Phone No.
1. _____	_____	_____
2. _____	_____	_____