Dan Hooley MA LCPC || 9700 W State Street, Star, ID 83669

CHILD & TEEN INTAKE INFORMATION

Client's Name_____DOB_____

Guardian Information

Parental Guardian(s)_____

Address _____Home Ph._____

Cell Ph._____Email _____

Place(s) of Employment_____Household Income_____

Relationship Status: Married Single Engaged Divorced Cohabiting Widowed

Length of Current Relationship _____

Previous Marriages/Relationships_____

Please provide the following information for all of the individuals living in the home of the client, as well as any shared custody information that is relevant.

Name & Relationship	Sex/Gender	Age/DOB	School/Job

Please check all that apply to the client:

__Threats of killing or hurting self __Any kind of reference to hurting themselves

__Threats of killing someone else __Any references to killing someone else __Self injury

__Hear or seeing things others do not __Fire setting __Arrests __Exposure to trauma

__Bed wetting __Stealing __Argumentative __Secretive __Irritable __Racing thoughts

__Avoidance of responsibility __Eating issues __Worrying __Tearful __Angry mood

__Over-tired __Easily fatigued __Difficulty keeping friends __Lying __Nightmares __Fearful

__Not up to potential __Vandalism __"Flash-backs" __Blames others __Truancy __Hair pulling

__Lots of energy __Repetitive behaviors __Hopelessness __Helplessness __Sleep issues

__Drugs/alcohol abuse __Mood goes up and down a lot __Frequent conflict __Delinquency

__Poor decisions __Sad most of the time __Extreme shyness __Interrupting others often

__Lack of confidence __Hard to remember things __Not interested in things __Disobedience

__Not interested in things __Concentration issues __Pornography issues __Poor grades

__Good grades __On Individualized Education Plan __Friends are a "bad influence"

Other Relevant Information_____

_____

_____

_____

_____

_____

_____

_____

_____

Medical Information

Child/Teens Primary Care Doctor_____Phone_____

Does the child/teen have any medical conditions and/or diagnoses?_____

_____

_____

Does the child/teen take any medications? _____

School History

Current School_____Grade _____

Educational Services?_____Honors _____

Issues at/with school?_____

_____

_____

Life Experiences History

__Death in the family __Unemployment __Financial stress __Victim of a crime __Weight issues

__Basic needs not being met __Living in fear __Parental illness __Emotional abuse

__Parental divorce __Parental/Guardian separation __Fights at school __Family history of abuse

__Witness to drug/alcohol abuse __Witness to adults fighting __Sexual abuse __Physical abuse

Over-All Family Life Growing Up

__Supportive __Loving __Chaotic __Confusing __Affirming __Strict __Hostile __Safe

__Unsafe __Negative __Neglectful __Shaming __Unpredictable __Distant

Please answer the following questions to the best of your ability.

1. Has the child/teen or any family member ever had any type of counseling before?

_____

2. Has any family/friends ever attempted/considered/completed suicide?

_____

3. What is the child/teens primary struggle/issue?

_____

4. Does the child/teen regularly eat a balanced diet?

_____

5. Does the child/teen regularly exercise?

_____

6. Please describe the child/teens spiritual beliefs:

_____

7. What is the reason you are seeking counseling for the child/teen:

_____

8. What are the expectations for counseling?

_____

9. Are there any concerns about the counseling process?

_____

10. What are the child/teens favorite things/activities?

_____

11. What would be considered the child/teens greatest accomplishment?

_____

12. What is the most urgent issue/goal?

_____

13. Any further questions of the counseling process?

_____

14. Have you received the Professional Disclosure Statement?

_____

15. Do you understand the amount and payment for services agreement?

_____

16. Do you understand that **Dan Hooley MA LCPC** will not be available for crisis intervention or emergencies, and have been informed to call 911 or a crisis line in the event of an emergency?

_____

I have answered the above questionnaire honestly and to the best of my abilities.

Signature (Parent) _____Date _____

Signature (Child/Teen) _____Date _____