MINOR INTAKE

Client's Full Legal Name: _____ Date: _____

Preferred Name: _____ Pronouns: _____

DOB: _____ Age: _____ Gender Identity: _____

Parent(s)/Legal Guardian(s): _____

Reason(s) for seeking counseling services/presenting issue(s):

What strengths does Client possess?

Symptoms

Check all that apply and describe what symptom looks like

- ☐ Spiritual Concerns _____
- ☐ Concentration/memory problems _____
- ☐ Anxiety _____
- ☐ Fears/Phobias _____
- ☐ Panic Attacks _____
- ☐ Obsessive Thoughts _____

- [ ] Compulsive Behaviors _____
- [ ] Hypervigilance _____
- [ ] Racing Thoughts _____
- [ ] Mania _____
- [ ] Anger/Aggression _____
- [ ] Impulsivity _____
- [ ] Depression _____
- [ ] Hypersensitivity/Over-reactivity _____
- [ ] Social Isolation _____
- [ ] Issues of Grief/Loss _____
- [ ] Hopeless/Helpless _____
- [ ] Sleep Disturbance _____
- [ ] Appetite _____
- [ ] Self-esteem/Identity Issues _____
- [ ] Suicidal Ideation _____
- [ ] Homicidal Ideation _____
- [ ] Hyperactivity _____
- [ ] Irritability _____
- [ ] Oppositional _____
- [ ] Cruel to Animals _____
- [ ] Food/Eating Issues _____
- [ ] Other Significant Symptoms: _____

Mental Health Treatment History

Previous and/or current mental health treatment? ☐ Yes ☐ No

If yes, describe:

Developmental History

Pregnancy

Was the mother under a doctor's care?
Pregnancy complications?
Substance use during pregnancy?
Prescription medication use during pregnancy?
Trauma or stress during pregnancy?

Birth

Premature (under 37 weeks):
Low birth weight (under 5 lbs. 7 oz.):
Birth complications:
Health after birth (first 6 weeks):
Maternal health complications after birth:
Post-Partum Depression reported:
Port-Partum Anxiety reported:

Development

Approximate age when child walked: _____
Approximate age when child spoke single words: _____
Approximate age when child spoke phrases: _____
Approximate age when child was toilet trained: _____

Has anyone (relatives, early childhood teachers, childcare providers, pediatrician, etc.) ever voiced concern about the child's development? ☐ Yes ☐ No ☐ Unsure

Has the child ever received early intervention services? ☐ Yes ☐ No ☐ Unsure

Medical/Physical Health History and Current Functioning

	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Seizures (convulsions) or Spells					
High Fevers (over 103°F or 39°C)					
Head Injury					
Athsma					
Chronic Pain					
Trouble with Hearing					
Trouble with Vision					
Poisoning or Overdose History					
Serious or Chronic Illness					
Hospitalizations					
Allergies					
Infectious/Contagious Diseases					
Surgeries					
Other:					

Sleep Difficulties: ☐ None ☐ Previous ☐ Current

Describe: _____

Eating Difficulties: ☐ None ☐ Previous ☐ Current

Describe: _____

Is the child currently on Medication(s)? ☐ Yes ☐ No

Has the child been on other Medications in the past? ☐ Yes ☐ No

If yes, describe behavior with and without medications:

Family History and Functioning

Current primary caregiver(s):

☐ One or more parent(s)
☐ Relative(s)
☐ Hospital
☐ Foster provider
☐ Incarcerated
☐ Other: _____

Current living situation:

☐ In a single household ☐ Between two households ☐ Other: _____

Time spent in Household #1: _____

Please list individuals in Household #1

Relationship (mother, sister, grandmother, etc)	Age	Quality of Relationship

Time spent in Household #2: _____

Please list individuals in Household #2

Relationship (mother, sister, grandmother, etc)	Age	Quality of Relationship

Family dynamics that currently apply:

☐ None
☐ Separation/Divorce (low conflict)
☐ Reunification
☐ CPS involvement
☐ Significant sibling conflict
☐ Adoption
☐ Separation/Divorce (high conflict)
☐ Court/legal involvement
☐ Family mental/physical health/substance use concerns

Describe: _____

Child has a history of:

☐ CPS out-of-home placement(s)
☐ Separation from mother
☐ Incarceration(s)
☐ Other: _____
☐ Multiple moves
☐ Separation from father
☐ Residential placement(s)
☐ Homelessness
☐ Hospitalization(s)

Describe situation, timing, length, and impact on child:

Other comments on child's living situation or history:

Social/Relational Context

Current social/peer challenges:

- ☐ Difficulty making friends
- ☐ Lacks interest in same-age peers
- ☐ Frequent peer conflict with aggression
- ☐ Frequently bullied by others
- ☐ Other: _____
- ☐ Difficulty keeping friends
- ☐ Frequent peer conflict without aggression
- ☐ Difficulty understanding friendships
- ☐ None of these

Conversational/communication challenges:

- ☐ Difficulty understanding sarcasm/jokes
- ☐ Changes topics frequently/quickly
- ☐ Repeats self
- ☐ Frequently bullied by others
- ☐ Lack of interest in conversation
- ☐ None of these
- ☐ Gets stuck on certain topics
- ☐ Difficulty understanding non-verbal cues
- ☐ Interrupts frequently
- ☐ Difficulty talking about thoughts/feelings
- ☐ Only discusses topics of interest
- ☐ Other: _____

Play concerns:

- ☐ Lack of imagination
- ☐ Controlling
- ☐ Rule-breaking
- ☐ Reluctance/refusal to play with TOYS
- ☐ Difficulty engaging in independent play
- ☐ Other: _____
- ☐ Restricted interests
- ☐ Solitary
- ☐ Lack of reciprocal play
- ☐ Uses toys atypically (lining up, fixated on parts)
- ☐ None of these

Describe current involvement with activities, clubs, sports, etc:

Other comments on child's social/relational/communication/play skills:

Sensory Concerns

Check all that apply:

- ☐ Sensory sensitivities (light, sound, texture, heat, etc)
- ☐ Sensory seeking (crashing, flipping, hanging, etc)
- ☐ Repetitive sensory behaviors (hand-flapping, rocking, spinning, etc)
- ☐ Other: _____

Describe above concerns and behaviors:

Identity and Cultural Context

Meaningful religious beliefs/values: _____

Racial/ethnic identity: _____

Gender/sexual identity: _____

Primary language spoken by the child: _____

Primary language spoken in the child's home: _____

Other comments on child's identity or cultural context:

School Functioning and History

Does/did this child attend: ☐ Head Start ☐ Preschool ☐ Kindergarten

Current grade: _____ School Attending: _____

Is the child currently experiencing any of the following school problems?

- ☐ Truancy ☐ Fighting ☐ Stealing ☐ Argues with Teachers
- ☐ Suspended ☐ Expelled ☐ Transferred ☐ Refuses to do School Work
- ☐ Changed schools repeatedly

Poor/delayed academic performance and peer/social difficulties? ☐ Yes ☐ No

Has the child been tested for special education?

☐ Yes ☐ No ☐ In Progress ☐ Unsure

Is the child currently being served through:

☐ IEP ☐ 504 ☐ Unsure ☐ Other: _____

School information reviewed? ☐ Yes ☐ No

Child's Trauma History

Current and historical stressors/traumas:

	☐ None Reported	
Car Accident:	☐ Current	☐ Previous
Natural Disaster:	☐ Current	☐ Previous
Medical Trauma (self):	☐ Current	☐ Previous
Medical Trauma (other):	☐ Current	☐ Previous
Domestic Violence:	☐ Current	☐ Previous
Death of significant person:	☐ Current	☐ Previous
Multiple moves:	☐ Current	☐ Previous
Separation from caregiver:	☐ Current	☐ Previous
Incarceration of significant person:	☐ Current	☐ Previous
High levels of family conflict:	☐ Current	☐ Previous
Physical abuse:	☐ Current	☐ Previous
Sexual abuse:	☐ Current	☐ Previous
Neglect:	☐ Current	☐ Previous
Emotional/psychological abuse:	☐ Current	☐ Previous
Police violence:	☐ Current	☐ Previous
Community violence:	☐ Current	☐ Previous
Other: _____	☐ Current	☐ Previous
Other: _____	☐ Current	☐ Previous

Describe above noted trauma (severity, duration, age of the child, impact, etc):

Child's Legal History

Current legal status:

☐ None reported ☐ On probation ☐ Detention

☐ On parole ☐ Awaiting charges ☐ A&D related legal problems

☐ Court-ordered to treatment ☐ Other: _____