

Child Intake Form

Today's Date _____ Referred By _____

Name of Therapist: _____

Identifying Information

Client Name _____ Date of Birth _____ Preferred Name _____

Address _____ City _____ Zip _____

Administrative Sex: Male Female

Race _____ Languages _____

Employment: Employed Full-Time Student Part-Time Student Unemployed / Other

Parent / Legal Guardian Consent

Parent/Legal Guardian Contact Name _____ Relationship to Client _____

Home Address _____ City _____ Zip _____

Mobile Phone _____ Is it okay to leave messages at this number? YES / NO

Home Phone _____ Is it okay to leave messages at this number? YES / NO

Work Phone _____ Is it okay to leave messages at this number? YES / NO

Email Address _____ Preferred Contact Method _____

As the parent or legal guardian of a child client, I have read and understand my child's therapist's

"Informed Consent for Services" and I hereby consent:

Signature of Parent/Legal Guardian _____ Date _____

Name of Parent/Legal Guardian (please print): _____

Reason for Treatment

Why are you seeking help now for your child?

What is happening or is different? What stressors does your child have? What do you hope will be different for your child by seeking help?

Please give more details about the issue you named above:

When did it start? How often does it happen? How does it affect your child's life? How has he/she dealt with it so far?

Has your child ever experienced similar or other mental health symptoms before?

If so, what was his/her experience like? When did it happen? Did your child get help?

Has anyone in your family ever experienced mental health or substance use issues?

If so, who was it? Did they seek help or get a diagnosis? What was it like for them? What was it like for you?

Does your child have any current or prior medical issues?

If so, what was/is it? Has your child seen a doctor or other healthcare professional for it? What recommendations or treatment was your child given? Is there any family history of disease?

Is your child currently prescribed any medications?

If so, please list the name, dosage, how often your child takes it, and the prescriber for each medication.

Does your child now, or has he/she ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed?

If so, which? When did he/she start, how often did/does he/she use, and how long did this occur? Please list each substance separately.

Who is in your child's family? What is your child's relationship with them like?

Please list all individuals you consider to be a part of your child's family. For those who are not part of your child's family of origin (such as significant others), please include the duration of your relationship.

What social activities and relationships does your child engage in?

What important social relationships does your child have? Does your child belong to any social clubs or organizations? How does your child like to spend his/her leisure time?

What spiritual practices and cultural influences are important to your child?

Does your child belong to a religious, faith, or spiritual community? What other cultural groups does your child identify with? How does your child celebrate culture and spirituality in his/her life?

What was life like as your child was/is growing up, both at home and in school?

Did your child meet developmental milestones on time or experience any delays? What were your child's friends like when he/she was younger? What was/is school like for your child?

What significant educational and work/volunteer experiences has your child had?

What is the highest level of education your child has completed? Is your child currently employed? If so, where and for how long? What other work and educational experiences has your child had (such as a semester abroad)? Is your child satisfied with his/her current employment and education?

Does your child have any current or prior legal issues?

Was your child ever arrested or charged with a crime or misdemeanor? Does your child have any involvement with the civil courts, such as a lawsuit or family law matter? If so, please describe them.

What strengths and abilities is your child bringing to sessions? What needs or preferences does he/she have that will help us be successful?

What coping skills have been working for your child so far? What is important to know that will help make our time more effective for your child?

How will you be paying for your child's sessions? If you plan to use insurance, please provide your insurance information below.

Payment Authorization Form – Credit Card

Name on Card _____

Card Number _____

Card Expiration Month _____ Year _____ Security Code _____

Billing Address Line 1: _____

Billing Address Line 2: _____

Billing City _____ Billing State _____ Billing Zip _____

Acknowledgement

I hereby authorize Kairos Counseling Center to utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization.

Signature _____

Print Name _____