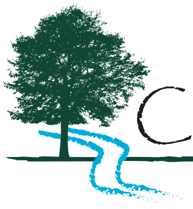

Canyon Creek Counseling

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MINOR CONFIDENTIAL INTAKE FORM

CLIENT INFORMATION

Minor's Name ____________________ Birth Date__________ Age____ Gender ___

Address: ____

____

Home Telephone Number:: ____________________

Referred by: ____

Father's Work # ______________ Father's Cell #________________ Father's E-mail________________

Mother's Work # ______________ Mother's Cell #________________ Mother's E-mail________________

If there is an emergency at the office and we must cancel the appointment, where should we call:________________

Emergency Contact Information:

Name________________ ________________Relationship________________

Telephone Numbers:

Home:________________ Work:________________Cell:________________

AGREEMENT FOR THERAPY WITH A MINOR

I, ________________________, the parent/legal guardian of the minor, ________________________ ,

- Give my permission for this minor to receive therapeutic services provided through Canyon Creek Counseling.
- I have read understood, and signed the informed consent related to my minor's therapist and I understand the risks and benefits of receiving these services and the risks and benefits of NOT receiving these services, for both this minor and his or her family.
- I understand that I am expected to participate in this process by meeting with the therapist at least once per month while my minor is in therapy

My signature below means that I understand and agree with all of the points above.

Parent Signature____ Date________________

AGREEMENT FOR CONSULTATION

I give permission for (therapist) to contact (physician/teacher/etc.) regarding treatment issues, symptoms, behaviors, or other information necessary for the treatment of (minor patient).

Parent Signature____ Date________________

ABOUT YOUR MINOR'S FAMILY

Describe your present living arrangement. Please list everyone with whom you live.

Relatives	Name	Age/Grade	Does the minor get along with this person?	Occupation
Father	______	______	______	______
Mother	______	______	______	______
Sister(s)	______	______	______	______
	______	______	______	______
Brother(s)	______	______	______	______
	______	______	______	______
Step-Father	______	______	______	______
Step-Mother	______	______	______	______
Step-Sister(s)	______	______	______	______
	______	______	______	______
Step-Brother(s)	______	______	______	______
	______	______	______	______

List any other people who live in the home with this minor:

____

____

ABOUT YOUR MINOR'S EDUCATION

Current Grade:______________________________ Failure or Held Back?______________

What do school personnel tell you about your minor?______________________________

____

____

GRADE	SCHOOL	CITY	STATE	AVE. GRADE	COMMENTS
Pre-K					
K					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

ABOUT YOUR MINOR'S ROUTINE

Wake-up time _____________ Bedtime____________ Ave. hours of sleep a night____________

In school, how many friends does minor have: __a lot __a few __none

Friends ____

____

Activities involved in____

____

What kinds of physical exercise does your minor get? ____________________________________

____

HEALTH BACKGROUND

Has the minor seen a counselor before? ___Yes ___No

If yes, when? _______________ For how long? ______________

With whom? ____________________________ What was the primary issue? __________________________

Has the minor ever been hospitalized for emotional problems or drug/alcohol treatment? ___Yes ___No

If yes, when? _______________ For how long? ______________

Where? ______________________________ What was the outcome? ______________________________

Primary Care Physician____ Phone________________________

Any concerns shared by the doctor? ____

Do you have any chronic medical concerns? ___Yes ___No

If yes, please list: ____

____

List all allergies, serious illnesses, injuries, surgeries, hospitalizations and any other medical conditions your minor has had:

____

____

____

____

List all medications or drugs (legal or illegal) your minor is currently taking or has taken in the last year:

____

____

____

SYMPTOMS

Please circle all of the items that apply to your minor. Feel free to add any others at the end.

- Aggressive
- Alcohol use
- Bed wetting
- Bullied by others
- Bullies others
- Cheats
- Clumsy
- Complains
- Conflicts at home
- Conflicts at school
- Conflicts with friends
- Conflicts with police
- Cries easily
- Cruel to animals
- Daydreaming
- Daydreams
- Defiant
- Dependent
- Destructive
- Destructive
- Disobedient
- Disrupts family activities
- Distractible
- Drug use
- Eating issues
- Eating problems
- Fearful
- Fire setting
- Head banging
- Hyperactive
- Imaginary playmates
- Impulsive
- Inappropriate sexual behavior
- Infantile
- Inflicts pain on others
- Insults others
- Interrupts
- Intimidated by others
- Intimidates others
- Irritable
- Isolates
- Lacks initiative
- Learning disability
- Lethargic
- Loss of friends
- Lying
- Manipulates
- Masturbation
- Mean to others
- Mental retardation
- Mute, refuses to speak
- Nail biting
- Needs high degree of supervision
- Negativism
- Nervous
- New school
- Nightmares
- Only younger playmates
- Oppositional
- Overactive
- Overactive
- Peer conflict
- Phobic (Explain)
- Poor concentration
- Pouts
- Problems with authority
- Procrastinates
- Rages
- Recent move
- Refuses
- Resists
- Rocking
- Running away
- Sad
- School avoiding
- School performance
- Self-mutilating
- Sexual activity
- Sexual preoccupation
- Sexual problems
- Short attention span
- Shy
- Shy
- Sickly
- Sleeping problems
- Slow
- Slow-responding
- Smoking
- Soiled pants
- Speech difficulties
- Stealing
- Stealing
- Strange behavior
- Strange thoughts
- Stubborn
- Suicide talk
- Teased
- Temper outbursts
- Temper tantrums
- Threatens
- Thumb sucking
- Tics – movements or noises
- Timid
- Trouble with the law
- Truancy
- Undependable
- Vandalism
- Very unhappy
- Violent
- Weight issues
- Weight loss/gain
- Withdrawn

Other behaviors: ____

____

____

When did these issues begin? ____

Problems perceived to be: __ Very serious __ Serious __ Not serious

What are your expectations of your minor? ____

____

What changes would you like to see in your minor? ____

____

What changes would you like to see in yourself? ____

____

What changes would you like to see in your family? ____

____