
Child Intake Part 1: Client History

Note: This is a confidential document between you and your counselor. Your first counseling session will be an opportunity to go over your intake documents and hear your concerns.

Instructions: Please answer each question completely and legibly. If you need more space, use the additional comments section on the last page or write on the back of the page. If a question does not apply to you, write n/a. If you have any questions, please call (406) 599-2492.

Demographics

Client Name: _____ DOB: _____ Gender: _____

Parent/ Guardian: _____ Phone: _____

Parent/ Guardian: _____ Phone: _____

Case Worker: _____ Phone: _____

School Counselor: _____ Phone: _____

Presenting Problem

What brings your child into therapy? How is this affecting your child's life?

History of Problem

How long has your child been dealing with this? Any thoughts on why this is going on for your child? How have you tried to cope with this so far?

Treatment History

Is your child currently receiving counseling services from another provider, including at school? If yes, include name and contact info.

Has your child had previous therapy? If yes- when, with whom, and how was the experience?

Any other history of outpatient services, inpatient services, or with the juvenile justice system?

Has there been any past use of psychiatric medications? If yes, please list:

Family/ Social History

Family relationships: Mother, Father, Siblings (and birth order)?

Are there any significant family issues?

What kind of support does your child have? Friends, family, school, community, religious?

History of Trauma (emotional, physical, sexual abuse, or abandonment), exposure to violence, significant deaths and/or losses?

Familial mental illness, depression, suicide, substance/alcohol abuse?

Legal: Guardianship/ custody issues? Social service involvement? Family legal difficulties/ incarcerations?

Ethnicity/ Cultural influences past and present:

Religious/ spiritual influences past and present:

Recreation: Include any interests, hobbies, relaxation, or fun activities:

Psychological History

History of depressed mood, suicidal thoughts, or thoughts of hurting self or others?

History of anxiety and/or worry:

History of irritability, anger or violence (tantrums, hurts others, cruel to animals, destroys property):

Sleep: normal, sleeping too much, sleeping too little, difficulty staying or falling asleep, nightmares?

Energy and ability to concentrate:

Intrusive memories or thoughts, avoidance behavior, flashbacks, detachment?

Medical History

How has your child's physical health been?

Primary care provider: _____

Current Medications: _____

History of seizures, illness, pain, surgery, or hospitalization:

Issues with food/eating:

Developmental history: low birthweight, prematurity, birth complications, in utero exposure to substances, meeting developmental milestones including toilet training?

Substance Use/ Abuse History

Please check all substances you believe your child may have used:

- | | | | | |
|-----------------------------------|-------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Stimulants | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Opioids | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Meth | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Sedative/
Hypnotics | <input type="checkbox"/> Caffeine |
| <input type="checkbox"/> Cocaine | | | | |

Does your child currently drink alcohol or use drugs (prescription or recreational)? How often and how much?

Has your child previously had issues with substance abuse? Have they ever received treatment for substance abuse? If yes, when and what was the outcome?

Gambling, risk taking, impulsive behavior (current or past):

Any other addictive behaviors?

School/ Educational History

School/ level of education:

Is your child currently on an Individual Education Plan (IEP)? If so, please describe:

History of retention, suspension, or expulsion? If yes, please include grade level, school, circumstances:

Attendance: Issues with tardiness or unexcused absences?

Behavior at school: quiet, cooperative, friendly, engaged, outgoing, anxious, perfectionistic, angry, difficult, loud, unmanageable, isolated, withdrawn, "class clown", defiant, etc.:
