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Child Intake

Please provide the following information about your child:

Child's Full Name: _____

Nick Name: _____

Birth Date: _____ today's Date: _____

Name of person completing form: _____

Relationship to Child: _____

Family History:

The name of the biological parents:

Mother: _____ Father: _____

Who has legal guardianship of your child? _____

Who does your child currently live with?

Names	Ages	Relationship to child	Grade/Job
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who are your child's significant others NOT living with your child?

Names	Ages	Relationship to child	Grade/Job
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any past counseling that either your child or any family member has had:

Does anyone in the family use currently (or in the past) any type of drug, tobacco or alcohol?
____ if yes, please describe:

Briefly explain your parenting style(s): (How do you and/or spouse handle discipline?)

Medical History:

What is the name of your child's medical doctor? _____

Date of your child's last medical examination: _____

Did the child's mother have any problems during the pregnancy during or at delivery? ____ if so, please explain:

Has child experienced any serious injuries or hospitalizations? ____ if yes, please explain:

Does child have any current health or medical concerns? ____ if yes, please explain:

Educational History:

What school does child currently attend? _____

City: _____ Phone: _____

Teacher's Name: _____ Current Grade: _____

How does child feel about school?

What does child's teacher say about him/her?

Has child ever repeated a grade? ____ If so, which one(s)? _____

Has child ever received Special Education services?

Has child experienced any of the following problems at School? (Please circle all that are appropriate)

fighting * lack of friends * drug/alcohol * detention* suspension * learning difficulties *
poor attendance * poor grades* gang influence * incomplete homework * behavior
problems *focusing difficulties

Other History:

Has your child ever experienced any type of abuse (physical, sexual, or verbal)? ____ If so, please describe:

Has your child ever made statements of wanting to hurt him/herself or seriously hurt someone else? _____

Has he/she ever purposely hurt him/herself or another? _____
If yes to either of the two previous questions, please describe:

Has your child experienced any serious emotional losses (such as a death of /or physical separation from a parent or other caretaker)? _____ If yes, please explain:

What are some of the things that are currently stressful to your child and the family?

Do you have any other concerns about your child or your family that you have not mentioned yet?

What is/are the presenting issues that brought you into counseling?

Lastly, what does your child do that you particularly like/appreciate?

Thank you for taking the time to fill in the information requested. It will greatly enhance our work together.