

**PARENT INTAKE FORM**

**Confidential**

Date \_\_\_\_\_ Referred by \_\_\_\_\_

**BASIC INFORMATION**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Preferred Pronouns \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_ years

Have you moved within the last five years? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Social Security Number \_\_\_\_\_ Business Phone \_\_\_\_\_

Have you changed jobs in the last five years? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Circle the highest grade completed:

6 7 8 9 10 11 12 F S J SR G

College attended \_\_\_\_\_

Degree received \_\_\_\_\_

**INSURANCE INFORMATION**

Name, address and telephone # of insurance company \_\_\_\_\_

\_\_\_\_\_

Member ID number \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship \_\_\_\_\_

Address and phone # of insured \_\_\_\_\_

\_\_\_\_\_

SS# of insured \_\_\_\_\_

Date of Birth of insured: \_\_\_\_\_

**CURRENT MARITAL STATUS:**

Single     Married     Separated     Divorce     Widowed

If divorced, please provide the following information of the child's mother/father:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_

Legal guardian \_\_\_\_\_  
Divorce stipulations: Child support \_\_\_\_\_ Visitation \_\_\_\_\_  
Are these divorce stipulations being followed? \_\_\_\_\_ If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILDREN: Name/birthday	Check if apply:		Condition of Health	Still living with you? (If no, give details)	Age at Death	Cause of Death
	Stepchild	Living				
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**YOUR FAMILY BACKGROUND**

**Though we recognize that you are probably here because of problems involving your child (or children), we are committed to counseling to the family as a whole unit. Therefore, we find it helpful to understand your current family and also to gain an understanding of the family in which you grew up. Please fill out the following information about your family background.**

Total size of family while growing up \_\_\_\_\_ Number of brothers \_\_\_\_\_  
Number of sisters \_\_\_\_\_ Number of step-siblings \_\_\_\_\_  
What was your birth order: ( ) oldest ( ) middle ( ) youngest

How would you characterize your family:  
(Please check all that apply) good distant angry calm bitter stormy close other  
Home life as a child ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
Relationship with siblings ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
Relationship **with** parents ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
Relationship **between** parents ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

How would you characterize your childhood?  
(Please circle all that apply) happy sad lonely rejected abandoned good other \_\_\_\_\_

How were you disciplined as a child? \_\_\_\_\_  
\_\_\_\_\_

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Please evaluate the relationship between you and your parents (Check all answers that apply)

	Father	Mother	Step-father	Step-Mother
Has the greatest influence	( )	( )	( )	( )
Usually did the disciplining	( )	( )	( )	( )
Is/was away a great deal	( )	( )	( )	( )
Is/was affectionate to you	( )	( )	( )	( )
You identify with most	( )	( )	( )	( )
Is/was close to you	( )	( )	( )	( )
Major conflicts with	( )	( )	( )	( )
Most dominant personality	( )	( )	( )	( )

	Age if Living	Condition Of Health	Age at Death	Cause of Death	Separated/ Divorce	# of times Married	Alcoholic?
Father	_____	_____	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____	_____	_____
Step-father	_____	_____	_____	_____	_____	_____	_____
Step-mother	_____	_____	_____	_____	_____	_____	_____

Describe the kind of relationship you now have with your parents. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the relationship your children have with their grandparents. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YOUR CURRENT FAMILY:**

It is sometimes difficult for us to keep significant events (positive and negative) in chronological order. Please list these events below. Include dates of marriage, separation, divorce, children's births, adoptions, deaths, traumatic events, moves, etc. Be as brief as possible.

<u>Date</u>	<u>Significant event</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How would you characterize yourself presently? (Check all answers that apply.)

- Happy  Depressed  Sad  Fulfilled  Anxious  Hurt  
 Suicidal  Defeated  Angry  Satisfied  Fearful  Bitter

If applicable, how would you characterize your spouse?

- Happy  Depressed  Sad  Fulfilled  Anxious  Hurt  
 Suicidal  Defeated  Angry  Satisfied  Fearful  Bitter

What has been your greatest disappointment for yourself? For your family?\_\_\_\_\_

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Briefly describe your family's interaction with one another:\_\_\_\_\_

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How does your family communicate differences of opinion?\_\_\_\_\_

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What kinds of things does your family do together?\_\_\_\_\_

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How would you describe the atmosphere of your family? (Check all answers that apply)

- encouraging  permissive  busy  critical  easy going  
 affectionate  stressful  tense  painful  strict  
 disruptive  distant  moody  hostile  other\_\_\_\_\_

How does your family communicate their feelings?\_\_\_\_\_

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What kinds of thing would you like to see change within your family?\_\_\_\_\_

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What is your personal style of disciplining?\_\_\_\_\_

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If applicable, what is your spouse's style of disciplining?\_\_\_\_\_

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**HEALTH INFORMATION:**

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Last time you had a physical \_\_\_\_\_  
 Are you presently under a doctor's care \_\_\_\_\_ If yes, give details: \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

Have you previously received counseling? \_\_\_\_\_ If yes, please give details \_\_\_\_\_

Have you ever been hospitalized for emotional problems? \_\_\_\_\_ If yes, please give details \_\_\_\_\_

**Please indicate if any of the following conditions exist or have existed for you or any member of your families. Please indicate for whom the condition existed.**

	Condition Now exists	Condition Existed 3 mo. Ago	Did Condition Ever Exist?	Who? (yourself or family member)
Surgery	_____	_____	_____	_____
Eyes, ears, nose, throat (circle)	_____	_____	_____	_____
Underweight/Overweight (Circle)	_____	_____	_____	_____
Recent loss/gain in weight	_____	_____	_____	_____
High/low blood pressure	_____	_____	_____	_____
Chronic headaches/migraine	_____	_____	_____	_____
Nervous disorder/epilepsy	_____	_____	_____	_____
Diabetes/hypoglycemia	_____	_____	_____	_____
Gland disease/thyroid	_____	_____	_____	_____
Cancer	_____	_____	_____	_____
Lung disease/tuberculosis	_____	_____	_____	_____
Arthritis/rheumatism	_____	_____	_____	_____
Ulcer/stomach problems	_____	_____	_____	_____
Pregnancy	_____	_____	_____	_____
Hormonal Imbalance	_____	_____	_____	_____
Blood disorders	_____	_____	_____	_____
Kidney/urinary problems	_____	_____	_____	_____
STD (type _____)	_____	_____	_____	_____
Disorder of breast/female Organs	_____	_____	_____	_____
Back/muscle problems	_____	_____	_____	_____
Heart disease	_____	_____	_____	_____
Insomnia	_____	_____	_____	_____
Exhaustion	_____	_____	_____	_____

Allergies \_\_\_\_\_  
 Other \_\_\_\_\_

**PERSONAL HISTORY INFORMATION**

Do any of the following conditions exist for you or for members of your family?

**Criminal Activity/Violence**

	Condition Now exists	Condition Existed 3 mo. Ago	Did Condition Ever Exist?	Who? (yourself or family member)
Child Abuse	_____	_____	_____	_____
Spouse Abuse	_____	_____	_____	_____
Traffic Violations (repeated/major)	_____	_____	_____	_____
Vandalism	_____	_____	_____	_____
Assault	_____	_____	_____	_____
Theft	_____	_____	_____	_____
Prostitution	_____	_____	_____	_____
Manslaughter	_____	_____	_____	_____
Rape	_____	_____	_____	_____
Exhibitionism	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

**Sexual Problems**

Incest	_____	_____	_____	_____
Impotence	_____	_____	_____	_____
Frigidity	_____	_____	_____	_____
Promiscuity	_____	_____	_____	_____
Voyeurism/Pornography	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

**Other Problems**

Suicide	_____	_____	_____	_____
Delinquency	_____	_____	_____	_____
Absenteeism	_____	_____	_____	_____
Tardiness	_____	_____	_____	_____
School drop-out	_____	_____	_____	_____
High need for achievement Or approval	_____	_____	_____	_____
Workaholism	_____	_____	_____	_____
Hyper-activity	_____	_____	_____	_____
Hypochondria	_____	_____	_____	_____
Alcoholism	_____	_____	_____	_____
Habit forming drug use	_____	_____	_____	_____

Other \_\_\_\_\_

**SPECIFIC AREAS OF CONCERN**

Briefly describe your reasons for seeking counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you attempted to do about your concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child you are most concerned about been recommended for any academic, developmental or personality/behavioral testing? \_\_\_\_\_ If yes, describe the kind of recommendation and the results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your relationship with the child: \_\_\_\_\_  
\_\_\_\_\_

Describe the child's relationship with your spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe the child's personality and behavior? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe the child's performance in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can we be of the most help to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is everyone in your family willing to assist/participate in the counseling process? \_\_\_\_\_  
If not please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information given in this form is helpful to us and is considered confidential.**