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

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? _____

Briefly describe your family's interaction with one another: _____

How does your family communicate differences of opinion? _____

What kinds of things does your family do together? _____

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? _____

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

What is your personal style of disciplining? _____

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

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.