

Jones Counseling & Consulting

Child and Adolescent Intake Form

CCCAC# _____ DATE: _____

Name: _____ Age: ____ Birth Date: ____/____/____

Male/Female (circle one) Race: _____

School/Daycare: _____

Grade: _____ Teacher: _____

People living in same household as child:

Name

Age

Relationship to child

Other significant people NOT living in the same household:

Check any areas in which your child/teen is having problems”

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Weight | <input type="checkbox"/> Diet& eating | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Health | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Potty Training | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Language Skills | <input type="checkbox"/> Mood | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Nervous Habits | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> School | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Hurting Animals | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Getting along with Adults | <input type="checkbox"/> Getting along with Kids | <input type="checkbox"/> Separation Anxiety | |
| <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Delinquent Behavior | <input type="checkbox"/> Other | |

Briefly explain the items you checked:

Are there any other concerns?

What reinforcements do you use with your child?

What discipline is used in the home?

What are some of your child's fears?

Has your child previously/or currently in therapy or under the care of a psychiatrist?

☐ Yes ☐ No

Name of Counselor/Psychiatrist: _____

Agency: _____

City: _____

Dates: _____

Phone Number: _____

Has your child been previously hospitalized? ☐ Yes ☐ No

If yes, for what, when and where? _____

Treating physician's name: _____

Is your child currently on medication? ☐ Yes ☐ No

<u>Name of Medication</u>	<u>Reason for Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Name and phone number of primary care physician or pediatrician:

When was your child's last physical exam? _____

Child/Adolescent Developmental History (For ages 17 and younger)

Patient Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Date: _____

What was your child's birth weight?

_____ lbs. _____ oz. ☐ Unknown

Was delivery normal?

☐ Yes ☐ Unknown

☐ No; specify _____

Did the birth mother experience any physical or emotional problems during pregnancy?

☐ Yes; specify _____

☐ No ☐ Unknown

Were medications taken during pregnancy?

☐ Yes; specify _____

☐ No ☐ Unknown

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

☐ Yes; specify _____

☐ No ☐ Unknown

Did the baby experience any problems immediately after birth?

☐ Yes; specify _____

☐ No ☐ Unknown

Has your child ever required hospitalization?

☐ Yes; specify _____

☐ No ☐ Unknown

Is there any history of physical, sexual or emotional abuse?

☐ Yes; specify _____

☐ No ☐ Unknown

Is there a history of prolonged separations or traumatic events?

☐ Yes; specify _____

☐ No ☐ Unknown

At what age did your child do the following?

(Italicized areas reflect normal development)

_____ smiled (6 mths)

_____ sat alone (6 to 10 mths)

_____ talked in sentences (30 to 36 mths)

_____ walked by self (12 mths)

_____ held head up (3 to 4 mths)

_____ fed self (2yrs)

_____ crawled (6 to 10 mths)

_____ rode a bike (6 yrs)

_____ rolled over (6 mths)

_____ talked in single words (18 to 24 mths)

_____ pulled up (6 to 10 mths)

_____ established toilet training (2 ½ to 4 yrs)

How would you describe your child's approach to new situations?

☐ Positive, jumps right in

☐ Withdrawn, tends not to participate

☐ Slow to warm up; cautious

How would you generally describe your child's overall mood?

☐ Positive (happy, laughing, upbeat, hopeful)

☐ Negative (depressed, cranky, angry, hostile)

☐ Mixed but more positive, than negative

☐ Mixed but more negative than positive

Which school is your child currently attending?

Is your child currently receiving special services in this school?

☐ Yes; specify _____

☐ No

Has your child ever failed a class or been held back for academic reasons?

☐ Yes; specify grade: _____

☐ No

Is your child expected to pass this school year?

☐ Yes

☐ No

AGREEMENT REGARDING MINORS

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Occasionally, it is best to see them with parents and other family members; sometimes, they are best seen alone. I will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

This general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of the overall development, they may not be the best goals for therapy. Again, I will evaluate and we will discuss these goals together.

Because my role is that of the child's helper, I will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

This agreement regarding treatment of minors has provisions for inserting details, which can be supplied by both the child and the adults involved. However, it is first important to point the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parent or guardians have a legal right to information.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child.
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that I do not have control over information once it is released to a third party.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your child/children follows:

Parent/Guardian Understanding & Agreement

I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/ children prefer not to volunteer information about the sessions, I will respect his/her/their right not to disclose details.

The normal procedure for discussing issues that are in my child's/children's therapy will be joint sessions including my child/children, the therapist, me and perhaps other appropriate adults. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child/children present. When the therapist determines that there are significant issues that should be discussed, every effort will be made to schedule a session involving the parents and the child/children. I understand that if information becomes known to the therapist and has a significant bearing on the child's/children's well-being, the therapist will work with the person

providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

Parent(s): Please make any additions or modifications as desired:

Signature: _____ Date: _____

Signature: _____ Date: _____

Minor(s): Please make any additions or modifications as desired:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____