Restoration Counseling Service
CHILD / TEEN INTAKE FORM

Please provide the following information and answer the questions below. Note that the information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session. Date: ___/___/___

Child's Name: _____, _____
(Last name) (First name) (Middle Initial)

Birth Date: _____ /_____ /_____ Age: _____ Grade: _____ ❑ Male ❑ Female

Name of School: _____ Attend Church? ❑ Yes ❑ No

Church Name (if any): _____ Religious Background: _____

Child's Address: _____
(Street and Number)

_____
(City) (State) (Zip)

Home Phone: (____) ____-_____ May I leave a message? ❑ Yes ❑ No

Cell/Other Phone: (____) ____-_____ May I leave a message? ❑ Yes ❑ No

E-mail: _____ May I email you? ❑ Yes ❑ No

*Please note: Email correspondence is not considered to be a confidential form of communication.

Referred by (if any): _____

FAMILY INFORMATION

Father's Name: _____ Age: _____

Occupation: _____ Employer: _____

Religious Affiliation: _____ Regular Attender? ❑ Yes ❑ No

Home Phone: (____) ____-_____ May I leave a message? ❑ Yes ❑ No

Cell/Other Phone: (____) ____-_____ May I leave a message? ❑ Yes ❑ No

Email address: _____ Marital Status: _____

* If parents living apart or father's address different than the child's please fill in address below.

Father's Address: _____
(Street and Number)

_____
(City) (State) (Zip)

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Mother's Name: _____ Age: _____

Occupation: _____ Employer: _____

Religious Affiliation: _____ Regular Attender? ❑ Yes ❑ No

Home Phone: (____) ____-_____ May I leave a message? ❑ Yes ❑ No

Cell/Other Phone: (____) ____-_____ May I leave a message? ❑ Yes ❑ No

Email address: _____ Marital Status: _____

* If parents living apart or father's address different than the child's please fill in address below.

Mother's Address: _____
(Street and Number)

_____
(City) (State) (Zip)

Who currently resides in the same house as the child? Please indicate everyone including any half or step siblings.

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

MEDICAL & PERSONAL

Has your child had any counseling before? ❑ No ❑ Yes

Previous Counselor/Therapist Name: _____

Dates - From: _____ To: _____ Outcome: _____

Date of Last Medical Exam ___ / ___ / ___

How would you rate your child's current physical health?

❑ Poor ❑ Unsatisfactory ❑ Satisfactory ❑ Good ❑ Very good

Has child been diagnosed with a medical disorder or learning disability? ❑ Yes ❑ No
If so, please list: _____

Is your child currently taking any prescription medication? ❑ Yes ❑ No
If yes, what kind(s) _____

Does your child have an addiction? ❑ Yes ❑ No ❑ Uncertain
Have they had any previous trauma? (Physical, Emotional, or Sexual Abuse, Etc.)
❑ Yes ❑ No ❑ Uncertain

Has your child ever been arrested? ❑ Yes ❑ No

BASIC INFORMATION

What is the current family situation?

_____
_____
_____

How do the parents relate to each other?

_____
_____
_____

What is the parent's style of discipline?

_____
_____
_____

What are your expectations for this child?

_____
_____
_____

How is the child different from other members in the family?

_____
_____
_____

How does the child handle stress?

_____
_____
_____

Is there any other information that you think your counselor should know?

_____
_____
_____

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PLEASE CHECK ANYTHING YOUR CHILD HAS EXPERIENCED IN THE LAST 12 MONTHS

- ❏ Death of Parent(s)
- ❏ Divorce of Parents
- ❏ Separation of Parents
- ❏ Remarriage of Parent(s)
- ❏ Death of close family member
- ❏ Personal injury of illness
- ❏ Fired from work
- ❏ Change in family member's health
- ❏ Pregnancy
- ❏ Sexual Abuse
- ❏ Addition to family
- ❏ Change of financial status of parents
- ❏ Death of a close friend
- ❏ Foreclosure of parent's mortgage or loan
- ❏ Change in work responsibilities
- ❏ Sibling leaving home
- ❏ Trouble with in-laws
- ❏ Outstanding personal achievement
- ❏ Parent begins or ends work
- ❏ Jail term
- ❏ Starting or finishing school
- ❏ Change in living conditions
- ❏ Revision of personal habits
- ❏ Change in parents work hours, conditions
- ❏ Change in residence
- ❏ Change in schools
- ❏ Change in recreational habits
- ❏ Change in social activities
- ❏ Change in sleeping habits
- ❏ Change in number of family gatherings
- ❏ Change in eating habits
- ❏ Vacation
- ❏ Christmas season
- ❏ Minor violation of the law
- ❏ Other: _____
- ❏ Other: _____

Thank you for taking the time to answer these questions to the best of your ability. This will assist greatly in making sure your time with your counselor is focused and productive.
After filling this form out as completely as possible, please bring it with you to your first appointment.

Restoration Counseling Service
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909-255-1250