Creative Counseling Center
6021 S Syracuse Way Suite #216
Greenwood Village, CO 80111
303.843.6000

Child Intake

Name(s): _____ Date:_____
Parent/Guardian (if minor child):_____ Date of Birth:_____ Age:____ Gender: M F
Address:_____ Telephone: (_____)_____
City/State/Zip:_____ Cell: (_____)_____
Child's Race/Ethnicity:_____
Marital Status: Single___ Engaged___ Married___ (How Long?_____)
Separated___ (How Long_____) Divorced___ (How Long_____)
Reason(s) for Service: _____
Referral Source (if applicable): _____
If referred by LDS please list name _____
Fee/session:$_____ Person responsible for paying for your psychotherapy _____
Has your child ever been involved in therapy or counseling before? ___Yes ___No
If yes, When:_____ Where:_____
Reasons:_____
Was the counseling useful? likes/dislikes: _____
_____
Are you, have you been or plan to be involved in any civil/criminal/family court? ___Yes__No
Is it your expectation for your therapist to testify in court?___Yes___No

Family Dynamics

Please check all that apply:

____Parents are married and living together
____Parents are divorced and living together
____Parents are divorced and living apart in the same state
____Parent are divorced and living apart in different state
____Mother is remarried
____Child lives with one parent and grandparents
____Child with mother full time
____Child lives with mother part time
____Child lives with father full time
____Child live with father part time
____Child lives in foster care
____Father is remarried
____Child lives with an aunt/uncle
____Other living arrangements

Family History

Biological Mother's Name:_____ Age: _____
Race/Ethnicity:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____
Occupation:_____ Company/Employer:_____
Currently Living with Child? YES NO
History of Mental Illness? ___Yes___No Explain:_____
History of Drug/Alcohol Problems?___Yes___No Explain:_____
Has anyone in the family been diagnosed with a mental illness or with drug or alcohol problems?
Yes___No___ Who?_____ What was the problem?_____

Biological Father's Name:_____ Age: _____
Race/Ethnicity:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____
Occupation:_____ Company/Employer:_____
Currently Living with Child? YES NO
History of Mental Illness? ___Yes___No Explain:_____
History of Drug/Alcohol Problems? ___Yes___No Explain:_____

Has anyone in the family been diagnosed with a mental illness or with drug or alcohol problems?
___Yes___No Who?_____ What was the problem?_____
Stepparent/Other Adult's Name:_____ Age: _____
Race/Ethnicity:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____

Stepparent/Other Adult's Name:_____ Age: _____
Race/Ethnicity:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____

Please list everyone in your family with whom you presently live with (names/ages):
_____ _____
_____ _____
_____ _____
_____ _____

Describe your family relationships:

Who has legal/decision-making custody of the child?_____
Who has physical custody of the child?_____
If parents share physical custody, how much time does the child spend with each parent?_____
_____

Pregnancy and Birth History

Was the pregnancy planned? YES NO Length of pregnancy:_____
Mother's age at child's birth:_____ Father's age at child's birth:_____
During pregnancy, did the mother: _____smoke _____drink alcohol _____use drugs?
If yes to any of these, indicate
type/amount:_____
During pregnancy, did the mother have any medical difficulties (e.g. early labor, diabetes, etc.)
YES NO If yes, describe:_____
During or after pregnancy, did the mother have any emotional difficulties (e.g. depression etc.)
YES NO If yes, describe:_____
Describe any complications of labor/delivery:_____
Check all that apply to the child during infancy/toddlerhood:

_____breast fed	_____milk allergies	_____vomiting	_____diarrhea
_____bottle fed	_____rashes	_____colic	_____constipation
_____not cuddly	_____cried often	_____rarely cried	_____overactive
_____trouble sleeping	_____irritable when woken	_____lethargic	_____resisted solid food

Developmental History: Please note the age at which the following occurred:
Sat alone:_____ Took first steps:_____
Spoke words:_____ Toilet trained:_____
Weaned:_____ Dressed self:_____

Began puberty:_____ Menstruation:_____

Educational History

Current School/Daycare:_____ Grade:____ In Special Education? __Yes__No
If yes,describe:_____
In Gifted/Talented Program? ___Yes___No If yes, describe:_____
Has child ever been held back in school? ___Yes___No If yes describe:_____
What grades does the child usually receive in school?_____
Have there been any recent changes in the child's grades? ___Yes___No If yes, describe:_____
_____

Social History

Check all that describe your child socially:

____Other children seek him/her out for play
____He/she seeks others for play
____He/she prefers to play alone
____Lots of children like him/her
____My child has difficulty making friends
____My child plays cooperatively with others
____My child shares easily
____My child is a leader
____Number of friends your child has
____Other children ignore my child some/most of the time
____My child makes friends easily
____My child fights a lot with other children
____My child is demanding
____My child fights with siblings some/most of the time
____My child has long-time friends
____My is spontaneous
____My child is a follower
____Time daily your child plays with friends

How does your child get along with nonparent adults? Check all that apply.
___friendly ___cooperative ___disobedient ___disrespectful ___obedient ___better behaved than with parent
___adults like my child ___other: (explain)_____

How does your child get along with siblings? Check all that apply.
___protective ___aggressive ___won't share ___wants to be babied ___jealous ___ignores them
___plays well, limited arguing ___plays well but argues frequently ___always breaking up fights/arguments

Describe special areas of interest/hobbies and strengths:_____
_____
_____

CHILD/ADOLESCENT Medical History

Check all that apply.

___Allergies
___Alcohol Use
___Anemia
___Asthma
___Blackouts
___Broken Bones
___Bronchitis
___Chicken Pox
___Concussion
___Congenital Problems
___Croup
___Diabetes
___Dizziness
___Earaches
___Ear Infections
___Eczema
___Encephalitis
___Fevers
___Hay Fever
___Heart Trouble
___Hepatitis
___Hives
___Influenza
___Lead Poisoning
___Measles
___Meningitis
___Miscarriage
___Multiple Sclerosis
___Mumps
___Muscular Dystrophy
___Nose Bleeds
___Other Skin Rashes
___Pleurisy
___Pneumonia
___Polio
___Pregnancy
___Rheumatic Fever
___Seizures
___Severe Colds
___Severe Head Injury
___Sexually Active
___Sexually Transmitted Disease
___Thyroid Disorders
___Vision Problems
___Wearing Glasses/Contacts
___Whooping Cough
___Wetting the Bed
___Other: _____

List any recent health or physical changes:_____
_____

Are you or have you ever been on medication for an emotional or mental concern? Yes___ No___

Medication	Dosage	Prescribing MD	Physician Phone	Condition

Has your child ever been:

Type of abuse	Incidence	By Whom?	How often?	What age(s)?
Physically abused	Yes No			
Sexually abused	Yes No			
Emotionally abused	Yes No			
Severely disciplined	Yes No			

Has your child ever:

	Incidence	How often?	What age(s)?
Attempted Suicide	Yes No		
Attempted Homicide	Yes No		
Committed Homicide	Yes No		

Current suicidal ideation or homicidal ideation? Imminent risk? Plan? Means?

Any use/abuse of drugs/ETOH? if so, how often, what type...

Chief Concern/Presenting Problem

Have any of the following events occurred in your life in the past year? (check all that apply)

___Death of a friend/family member
___Change in close personal relationship (e.g. divorce, separation)
___Serious problem with friend/family member
___Personal injury, illness or accident or family injury, illness or accident
___Major change in employment status
___Serious job-related difficulties
___Accused of a crime/victim of a crime
___Major geographic relocation
___Sexual/physical abuse or rape
___Marriage
___Birth of a child/abortion/miscarriage
___Surgery/medical problems
___Legal problems
___Financial problems
___Other_____

How does your child usually cope when under stress? Check all that apply:

___tries to solve problems alone ___seeks information regarding problem ___asks parents or other adult for help
___asks friends for help ___gives up easily ___makes a joke about the problem
___prays or asks God for help ___refuses to talk about it-"holds it in" ___ignores or pretends there is no problem
___becomes anxious and /or tearful ___ignores or pretends there is no problem
___becomes angry and/or throws tantrums ___takes positive attitude toward problem
___get physically ill ___pretends to be ill ___becomes manipulative or deceitful ___ withdraws, tries to be alone
___other

Have you or any of your family had a history of:

Depression	Yes No	Yes No		Father/mother
Bipolar disorder	Yes No	Yes No		Father/mother
Anxiety	Yes No	Yes No		Father/mother
Physical disability	Yes No	Yes No		Father/mother
Obesity	Yes No	Yes No		Father/mother
Schizophrenia	Yes No	Yes No		Father/mother
Physical abuse	Yes No	Yes No		Father/mother
Sexual abuse	Yes No	Yes No		Father/mother
Emotional abuse	Yes No	Yes No		Father/mother
Severe trauma	Yes No	Yes No		Father/mother
Suicide	Yes No	Yes No		Father/mother
Homicide	Yes No	Yes No		Father/mother

What is troubling you that you are seeking therapy at this time?

Current behaviors:

When did this concern begin to be a problem for you? What is your sense of why you have began to have this problem, especially at this time? What else is going on in your life that may be related to the beginning of this concern?

Have you experienced a similar concern at any other time? When? What helped you to get better?

What do you expect from therapy?

Client/Family goals for therapy? (specific and measurable)

Anything else of significance that I have left out or have not asked?

If the client is a victim of a reported crime or qualifies for victim compensation, please complete the following questions.

- Describe the victimization.

- Date of crime?_____
- Frequency/duration of the crime?

- Name of the perpetrator?_____ Relationship to Victim:_____
- Reporting law enforcement agency?_____Case#_____/County_____
- What was the initial disclosure & who was it initially told to?

- How was the person functioning prior to the crime?

- What is the current behavior and emotional symptoms directly related to the victimization?