

Child Intake Form

Military Integrative Therapies, LLC
2106 Thoroughgood Rd
Virginia Beach, VA 23455
(757)995-2196 Office
(757)995-2197 Fax

Kelly Andrews MS, LPC, RPT

Licensed Professional Counselor, Art, Play and EMDR Therapist

Please remember when filling out the information below, it is important that you include as much information as you can. The facts you provide will allow the therapist to help assess your child and can be seen as a road map to helping meet your child's needs.

Today's date: _____

Your Child's name: _____

Date of Birth: _____ Age: _____

Race: _____ Gender: _____

Parents/Guardian name(s): _____

Phone no: _____ Is it safe to leave a message? Y/N

Address: _____

Street

City

_____ Zip Code

Would you like an appointment reminder sent to your e-mail? Yes No

E-mail

School name: _____ Grade: _____

School Phone no: _____ Contact person: _____

*Note I will not contact your child's school without written consent.

What's your child's main difficulty that brought you to see me:

Please explain how and when these problems began. Include when you first noticed the problem and how severe the problem has become.

List your child's strengths and limitations.

Describe your child's sleep pattern: _____

Describe your child's appetite and weight: _____

Describe bowel and bladder habits: _____

Have there been any changes in the above bodily functions? If so, please explain:

How does your child currently function – at home, school, social situations?

What major stressors does your child have?

How does this problem affect your child and your family?

How do you and your child try to cope with these problems?

Describe your child before these problems began?

Has your child received treatment before? Please give details as to when, where, by whom and results?

Has your child received medication for emotional problems? If yes, please explain? Please include the doctors information who prescribed the medication.

Please explain your child's medical history in detail: Physical health, any major illnesses, surgeries, allergies, any medication he/she is taking at present, thyroid etc. Are there any major medical problems you are concerned about?

Please explain your child's personal development history: How was your child's birth, milestones, and please describe earlier childhood?

Please list members of your family that currently reside in the home with your child. Their names, ages, relationship, education, and occupation.

Please describe your child's relationship with parents.

How is the parents' relationship with each other?

Please describe your child's relationship with their siblings?

Has there been any problem with your family such as dysfunction, abuse, divorce, health problems, emotional problems, and drug or alcohol abuse? If so, please explain.

Currently does your family have any health problems, substance abuse, and mental or emotional problems?

How is your child's functioning academically and socially in school?

Does your child have friends? How does your child get along with same sex and opposite sex children and adults?

Please explain any abuse that may have occurred to your child or in your child's presence, such as physical, sexual or emotional abuse.

Has your child made statements of wanting to harm him/herself, or attempts to harm him/herself? If yes, please explain.

Has your child or a family abused drugs or alcohol? Please provide details.

What are your child's activities, interests or hobbies?

Does religion or spirituality play an important role in your life? Describe?

If your child has an active duty parent that is deployed for any length of time, please describe your son/daughters behavior pre/during/post deployment.

Please finish this sentence: If I could change one thing about my child it would be...

Please finish this sentence: My child currently needs help...

Please finish this sentence: At the end of therapy I would like my child to...

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Child/Client Signature _____ Date _____

Kelly Andrews MS, LPC, RPT _____ Date _____