

youth intake form

Today's Date _____

Account # _____

For every minor (under the age of 18) the file must contain an Adult Intake as well.

1 Date of Birth _____ / _____ / _____

2 Name

| First | MI | Last |
|-------|-------|-------|
| _____ | _____ | _____ |

3 Address _____

4 City, State, Zip _____, _____, _____

5 Phones Home _____

6 School _____
Current Grade _____

7 Social Security # _____ - _____ - _____

8 Sex Male Female

9 Family Information

Mother's Name _____
Father's Name _____
Brothers/Sisters _____

10 Referred by

| | | | | | | | |
|--------|--------------------------|--------------|--------------------------|-----------|--------------------------|--------------|--------------------------|
| Self | <input type="checkbox"/> | Internet | <input type="checkbox"/> | Physician | <input type="checkbox"/> | Work | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | Lawyer/Court | <input type="checkbox"/> | Therapist | <input type="checkbox"/> | Yellow Pages | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | Minister | <input type="checkbox"/> | School | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Name _____

Address _____

Business _____

11 Who will be responsible for payment for counseling services?

Parents Insurance Church EAP
Other (explain) _____

12 Ethnic Background

| | | | | | |
|------------------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| African American | <input type="checkbox"/> | Asian | <input type="checkbox"/> | Hispanic | <input type="checkbox"/> |
| American Indian | <input type="checkbox"/> | Caucasian | <input type="checkbox"/> | Bi-racial | <input type="checkbox"/> |

13 Type of Counseling

| | |
|------------|----------------------|
| Individual | <input type="text"/> |
| Family | <input type="text"/> |

14 Annual Gross Family Income

\$ _____

16 Church

Name _____

Your attendance _____ Regular _____ Occasional _____ Seldom _____ Never _____ (circle one)

17 Denomination

18 County where you live

19 In case of emergency, contact

Name _____

Relationship _____ Home Phone _____

Address _____ Work Phone _____

20 Have you been in therapy before?

no

yes

if yes, fill out next 3 questions

Dates _____

Counselor/Agency _____

Was it helpful? yes

no

21 Medical History

Illnesses _____

Hospitalizations _____

Accidents _____

| Current Medications | Dosage/Frequency of use |
|---------------------|-------------------------|
| | |
| | |
| | |
| | |

Physician(s) _____

22 Presenting Problems - In Your Own Words, Why Are You Here Today?

1 _____

2 _____

3 _____

4 _____