

## Child Intake Packet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Street

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If Divorced, Separated, or Unmarried, Who Has Legal Custody? \_\_\_\_\_

If Applicable, Describe Custody or Visitation

Schedule: \_\_\_\_\_

Are There Pending Legal, Custody, Probation or Court Issues?

Yes [ ] No [ ]

Referred to Counseling

by: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name of Emergency contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Has Child Been in Other Counseling? Yes [ ] No [ ]

If Yes, Name and

Dates \_\_\_\_\_

Psychiatric Hospitalization(s) (Where/ When/

Why): \_\_\_\_\_

\_\_\_\_\_

Current Medications/Dosages (Include Over the Counter): \_\_\_\_\_

**Type(s) of Help Desired:**

- Individual Counseling       Group Counseling     Family Counseling  
 Social Skills Group       Substance Use/Abuse Treatment  
  
Other \_\_\_\_\_

Major reason for seeking help for your child at this time: \_\_\_\_\_

How long has the situation with the child been happening? \_\_\_\_\_

How often does the situation occur? \_\_\_\_\_

What was it that initiated you to seek help for this child? \_\_\_\_\_

**Check Items Below That Apply to Behaviors That Fit Your Child:**

- |   |   |
|---|---|
| <input type="checkbox"/> bed wetting                | <input type="checkbox"/> daydreams/fantasizes                 |
| <input type="checkbox"/> does not get along         | <input type="checkbox"/> does not want caretaker out of sight |
| <input type="checkbox"/> excess interest in sex     | <input type="checkbox"/> expressing wish to die               |
| <input type="checkbox"/> fears and/or avoids things | <input type="checkbox"/> harms animals                        |
| <input type="checkbox"/> harms self                 | <input type="checkbox"/> has rituals, habits, superstitions   |
| <input type="checkbox"/> inability to pay attention | <input type="checkbox"/> inability to sleep alone             |
| <input type="checkbox"/> inability to stay asleep   | <input type="checkbox"/> ingests alcohol and/or drugs         |
| <input type="checkbox"/> involved in a gang         | <input type="checkbox"/> lies                                 |
| <input type="checkbox"/> nightmares/ night terrors  | <input type="checkbox"/> over activity                        |
| <input type="checkbox"/> over eats                  | <input type="checkbox"/> physically aggressive                |
| <input type="checkbox"/> poor appetite              | <input type="checkbox"/> poor relating to adults              |
| <input type="checkbox"/> poor relating to children  | <input type="checkbox"/> sadness, crying                      |
| <input type="checkbox"/> self-stimulation sexually  | <input type="checkbox"/> sleepwalking                         |

- smokes tobacco or drugs     steals
- temper tantrums                       tiredness/ fatigue
- twitches/unusual movements     wanting to/or runs away
- other

**School or Preschool Adjustment:**

- usual learning ability     grades above average     grades average
- grades below average     resists going to school
- refuses to go to school
- learning disabilities: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> speech therapy<br>math               | <input type="checkbox"/> difficulty reading    | <input type="checkbox"/> difficulty with |
| <input type="checkbox"/> difficulty with spelling<br>problems | <input type="checkbox"/> difficulty writing    | <input type="checkbox"/> discipline      |
| <input type="checkbox"/> repeated a grade<br>class            | <input type="checkbox"/> disrupts class        | <input type="checkbox"/> inattention in  |
| <input type="checkbox"/> fighting                             | <input type="checkbox"/> suspended             | <input type="checkbox"/> expelled        |
| <input type="checkbox"/> home schooled<br>counseling          | <input type="checkbox"/> psychological testing | <input type="checkbox"/> school          |
| <input type="checkbox"/> frequently tardy<br>school           | <input type="checkbox"/> truant                | <input type="checkbox"/> missed a lot of |

**Adjustment in Family:**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Follows Rules  | <input type="checkbox"/> Gets Along   | <input type="checkbox"/> Does Chores          |
| <input type="checkbox"/> Good Self-Care | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Joins in with Family |

**Type of Discipline Used with Child:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Sports, Activities, Hobbies, and Clubs Child Involved with:** \_\_\_\_\_

**Who Lives with Child Now?**

Name	Age	Relationship
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List Current or Previous Serious Stressors in Your Family  
Life: \_\_\_\_\_

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## CREDIT CARD AGREEMENT

**Please note:** New clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to the therapist at your initial session.

CC Type: MC Visa Amex Other\_\_\_\_\_

Name as shown on card\_\_\_\_\_

Credit Card number\_\_\_\_\_

Three digit security code on back of card\_\_\_\_\_

Billing zip code associated with the card\_\_\_\_\_

Expiration Date\_\_\_\_\_

### **This card may be charged for:**

\_\_\_\_\_Regular session fees (at your request, as a convenience to you)

\_\_\_\_\_Fees for cancellation without 24 hours notice (according to our Policy)

\_\_\_\_\_Delinquent session fees (fees more than 30 days overdue)

### **Agreement:**

“I \_\_\_\_\_ (print name) have read and understand the terms of providing my credit card to A Journey Within. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered.”

\_\_\_\_\_(Signature)\_\_\_\_\_(Date)