Courage to Connect Counseling, PLLC

Parent's Intake Form

Please complete this form a fully as possible.

General Information

Today's Date: ______/_______/__________

Child's Name: ____________________________________ DOB: ____/_______/______ Age: _____________

First Last MI

Gender (as identified): ☐ Male ☐ Female Race/Ethnicity: _________________________________

Current Household Information

Name	Relationship (Mom, Dad, Sibling, etc.)	Type (Bio, Step, Adopted)	Age	Gender	Do they live with you?

Family History

Will you check any of the following that are frequent issues in your family:

☐ Fighting ☐ Feeling distant ☐ Loss of fun

☐ Disagreeing about relatives ☐ Disagreeing about friends ☐ Alcohol use

☐ Lack of honesty
☐ Drug use
☐ Physical fights
☐ Infidelity (couple)
☐ Education problems
☐ Divorce/separation
☐ Financial problems
☐ Issues regarding remarriage
☐ Death of a family member
☐ Birth of a sibling
☐ Abuse/neglect
☐ Birth of a child
☐ Inadequate housing
☐ Feeling unsafe
☐ Inadequate health insurance
☐ Job Issues
☐ Emotional Withdrawal

Parent's Information

(biological parent's relationship)

☐ Single
☐ Married (legally)
☐ Divorced
☐ Cohabitating
☐ Divorce in process
☐ Separated
☐ Widowed
☐ Other

Length of marriage/relationship: ________________________

If divorced, how old was your child at time of divorce? _____

If divorced, how much time does your child spend with each parent? Mother-_______% Father-_______%

Please answer the following as best as you can, I understand that you may not be able to answer some of the questions pertaining to the other parent.

Biological Father's Name: ____

Phone: _____________________________ Email: ____

Birth Date: ____/_____/______ Age: _____ Ethnic Origin: ____

Total years of education completed: ______________ Occupation: ___________________________________

Place of Employment: ____

Military experience? ☐ Yes ☐ No Combat experience? ☐ Yes ☐ No Current Status:

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other

Assessment of current relationship status with bio-mother: ☐ Poor ☐ Fair ☐ Good ☐N/A

Did the father experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? ☐ Yes ☐ No ☐ Don't Know

You may explain if you feel comfortable ____

Has the father experienced any abuse in your adult life (physical, verbal, emotional, or sexual)?

☐ Yes ☐ No ☐ Don't Know

You may explain if you feel comfortable ______________-____

Biological Mother's Name: ____

Phone: ______________________ Email: ______________________________________

Birth Date: ____/_____/______ Age: _____ Ethnic Origin: _________________________

Total years of education completed: ___________ Occupation: ______________________

Place of Employment: ____

Military experience? ☐ Yes ☐ No Combat experience? ☐ Yes ☐ No

Current Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other Assessment of current relationship status with biological father: ☐ Poor ☐ Fair ☐ Good ☐ N/A

Did the mother experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? ☐ Yes ☐ No ☐ Don't Know

You may explain if you feel comfortable ____

Has the mother experienced any abuse in your adult life (physical, verbal, emotional, or sexual)?

☐ Yes ☐ No ☐ Don't Know

You may explain if you feel comfortable ____

Child's Information

Has your child been to counseling before? ☐ Yes ☐ No

If yes, approximately when and how long? ____

What reason did they go to counseling? ____

What did you find most helpful in counseling? ______________________________________

What did you find least helpful in counseling? ______________________________________

Does your child have a mental health diagnosis? ☐ Yes ☐ No

If yes, what? ____

Has your child been prescribed medication for a mental health diagnosis? ☐ Yes ☐ No

Medication Name:	Dosage:	Prescribed by:	Helpful?

Has your child ever been hospitalized for an illness or injury? ☐ Yes ☐ No

If yes, for what? ____

How long? ______________________ How many times? ___________________________

Are you concerned your child is using drugs/alcohol? ☐ Yes ☐ No

If yes, please explain: ____

Are you concerned with your child using social media? ☐ Yes ☐ No

If yes, please explain: ____

Are there any legal issues that have had a major impact on the family or your child(ren)? ☐ Yes ☐ No

If yes, please explain: ____

Briefly describe the problem for which your adolescent is seeking to have counseling for?

____

____

____

What would you like to see happen as a result of counseling?

____

____

____

What is most concerning right now?

____

____

____

Check the following concerns you have about your child:

☐ Sadness
☐ Appetite Changes
☐ Crying
☐ Social Isolation
☐ Sleep Disturbances
☐ Paranoid Thoughts
☐ Problems at Home
☐ Poor Concentration
☐ Hyperactivity
☐ Indecisiveness
☐ Binging/Purging
☐ Anorexia
☐ Loneliness

☐ Low Self Worth
☐ Irritability
☐ Anger Issues
☐ Nausea/Indigestion
☐ Headaches
☐ Spiritual Concerns
☐ Social Anxiety
☐ Hallucinations
☐ Self Harm
☐ Racing Thoughts
☐ Impulsiveness
☐ Restlessness
☐ Unresolved Guilt

☐ Traumatic Flashbacks
☐ Mood Swings
☐ Obsessive Thoughts
☐ Disorganized Thoughts
☐ Panic Attacks
☐ Anxiety
☐ Phobias
☐ Sexual Activity
☐ Time Spent Online
☐ Academics
☐ Laziness
☐ Defiance
☐ Hopelessness
☐ Elevated Mood
☐ Other:

____

____

Child's Developmental History

Were there any complications with the pregnancy or delivery of your child? ☐ Yes ☐ No
If yes, describe: ____

Did your child have health problems at birth? ☐ Yes ☐ No
If yes, describe:____

Did your child experience any developmental delays (e.g. toilet training, walking, talking)?

☐ Yes ☐ No ☐ Not sure
If yes, describe: ____

Did your child have any unusual behaviors or problems prior to age 3? ☐ Yes ☐ No ☐ Not sure
If yes, describe: ____

Has your child experienced emotional, physical, or sexual abuse? ☐ Yes ☐ No ☐ Not sure
If yes, describe: ____

Has your child witnessed domestic violence? ☐ Yes ☐ No ☐ Not sure
If yes, describe: ____

What are your child's strengths?

____
____
____
____

What areas does your child need development?

____
____
____
____

What unique talents does your child have?

____
____
____
____

Anything else you would like me to know?

____
____
____
____

Emergency Contact

Name: ____

Relationship: ____

Phone Number: (________) ____

Address: ____

____

Credit Card Information

I, ____ , am authorizing Rebecca Frank, MA, LPCC, of Courage to Connect Counseling, PLLC to use my credit card information to charge my credit card in the event of: missing an appointment, not giving 24 hours-notice to cancel an appointment for reasons other than medical concerns, or emergencies, forgetting payment at the time of session, or for general payment of counseling.

□ VISA □MasterCard □ American Express □Discover

Card Number:

__________-__________-____________-____________ Exp. Date: _______/_______ Security Code: ________

Billing Address: ____

City & State: ____ Zip: ____________________________

Email: ____

Phone : (_______) _____________________________

By signing below I am authorizing Rebecca Frank, MA, LPCC of Courage to Connect Counseling, PLLC to charge the above-mentioned card for late cancellations, missed appointments, or any outstanding balances.

Card Holder Name (Print):

____

Card Holder Signature:

____ Date: ____________

Client Signature (if not card holder):

____ Date: ____________