

# SOLACE CENTER

## Child Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Date of Birth: \_\_\_\_\_

Primary reason for seeking counseling:

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### Family History

#### Parents

Parents are / were married \_\_\_\_\_ years.

Are parents divorced? \_\_\_Yes \_\_\_No If yes, how old was the child at time of divorce: \_\_\_\_\_

Are parents married? \_\_\_Yes \_\_\_No If no, who has legal custody: \_\_\_\_\_

Is there any significant information about the parents' relationship or treatment towards the child which might be beneficial in counseling: \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

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#### Client's Mother (Step-mother)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Work phone: \_\_\_\_\_

\_\_\_Natural parent \_\_\_Step-parent \_\_\_Adoptive parent \_\_\_Foster parent Other: \_\_\_\_\_

Is there anything unusual or stressful about the child's relationship with the mother? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

#### Client's Father (Step-father)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Work phone: \_\_\_\_\_

\_\_\_Natural parent \_\_\_Step-parent \_\_\_Adoptive parent \_\_\_Foster parent Other: \_\_\_\_\_

Is there anything unusual or stressful about the child's relationship with the father? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

**Siblings and Others in Household**

Names of Siblings	Age	Gender		Lives		Quality of Relationship w/ Client		
		M	F	Home	Away	Poor	Average	Good
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Others living in household				Relationship to child				
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Medical**

List any medication your child is on: \_\_\_\_\_

\_\_\_\_\_

List any medical conditions the child has been diagnosed with and / or any surgeries:

\_\_\_\_\_

\_\_\_\_\_

**Developmental / Social**

List your child's three greatest strengths:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List your child's three greatest weaknesses or needed areas of improvement:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List your child's main difficulties in school:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List your child's three main difficulties at home:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Briefly describe the child's friendships: \_\_\_\_\_

\_\_\_\_\_

Briefly describe the child's hobbies or interests: \_\_\_\_\_

\_\_\_\_\_

What report card grades does the child usually receive? \_\_\_\_\_

Have these changed lately? \_\_\_ Yes \_\_\_ No If yes, how: \_\_\_\_\_

### **Counseling Goals**

What goals or changes would you like to see your child work towards in their counseling experience?

1.

2.

3.