Yvonne Clayton, MA, LMHC

MINOR INTAKE

Please provide the following information by filling out this form and bringing it to your first session.

Please note: Information you provide here is protected as confidential information.

Name: _____
(Last) (First) (Middle Initial)

Birth Date: _____ /_____ /_____ Age: _____ Gender: □ Male □ Female

Address:_____
(Street and Number)
_____
(City) (State) (Zip)

Home Phone:_____ May I leave a message? □ Yes □ No

Cell/Other Phone:_____ May I leave a message? □ Yes □ No

E-mail: _____ May I email you? □ Yes □ No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by:_____ Date:_____

Parent/Legal Guardian_____ DOB_____

Email:_____ Phone:_____

Parent/Legal Guardian_____ DOB_____

Email:_____ Phone:_____

Are there any conflicts regarding custody of the client? ___ No ___ Yes If yes, please explain:

_____

_____

1. **Family Information**
   List immediate family members (provide name, age, relationship to client, and where currently living). Also indicate under relationship, adoptive and step relationships.

NAME	AGE	RELATIONSHIP	WHERE LIVING

2. **Client's Strengths**

   What are your strengths? What are the best things about you?

   _____

   _____

   _____

   _____

   Family Strengths

   What are your family's strengths?

   _____

   _____

   _____

3. **Developmental History**

   Were there any concerns or complications during pregnancy or childbirth?

   _____

   _____

   _____

   Did client's mother take any prescription medications, drugs or alcohol during her pregnancy with client? _____ No _____ Yes If yes, please explain:_____

   _____

   _____

Were there any areas of concern during client's early development (walking/talking/toilet training)? _____

_____

Are there (presently or in the past) any problems with wetting or soiling?_____

_____

_____

Are there any disabilities or developmental concerns that have not been addressed in the previous questions? _____

_____

_____

4. Medical History

Name of client's primary care physician (PCP) Date of Last Physical

(Please include address and phone number)

_____ _____

_____

_____

Do you have any current or ongoing medical issues? ____ No ____ Yes

If yes, please explain: _____

_____

_____

Have you had any surgeries or been hospitalized for medical reasons?

_____

_____

_____

Have you ever had a seizure or seizure disorder?

_____

_____

Have you ever had a serious head injury or been unconscious?

_____

_____

Are you currently taking prescription or over-the-counter medications?

_____

_____

Have you had any recent weight loss or gain?

_____

_____

Have you ever had any sleep problems or nightmares?

_____

_____

Are there any family members dealing with major medical issues?

_____

_____

_____

5. Education

___Attending ___Not Attending School_____ Grade___

Please check if any of the following are a concern:

_____ School behavior

_____ Learning Disabilities

_____ IEP or Special Education

_____ Peer or Staff Interactions

_____ Suspensions or Expulsions

Other important school information:

_____

_____

_____

_____

_____

6. Social Interactions

Please check if any of the following are a concern:

- □ Generally inappropriate behavior for age
- □ Fighting or bullying
- □ Attention seeking behaviors
- □ Destruction of property
- □ Lying
- □ Stealing
- □ Cruelty to others
- □ Cruelty to animals
- □ Inappropriate sexual behavior
- □ Anger
- □ Excessive worrying
- □ Impulsive
- □ Eating habits
- □ Sleeping habits
- □ Compulsive behavior
- □ Running away
- □ Withdrawal/depressed mood
- □ Immature behavior
- □ Relationships with friends/peers
- □ Relationships with family
- □ Difficulty managing conflict
- □ Anxiety
- □ Self harm/Cutting
- □ Defiant/Problems with authority

Please explain items checked:_____

_____

_____

_____

_____

Do you have friends? Do you make friends easily?

_____

_____

_____

Do you participate in sports or extracurricular activities?

_____

_____

_____

7. Mental Health

Have you had any previous counseling? _____Yes _____No

If yes, where and when:_____

Was it a positive experience? _____

Are you currently taking medication? _____Yes _____No

If yes, what and when:_____

Does anyone in your family have a history of mental health issues/conditions?

_____Yes _____No If yes, please explain:_____

_____

_____

8. Culture/Religion

What ethnicity(s) does you and your family identify with?

_____

Are there any concerns or difficulties that you are experiencing related to ethnicity or culture?_____

_____

_____

9. Suicide Ideation/Behavior/Risk

□ Not an issue

□ Thoughts/ideations □ Plan □ Recent Attempt □ History □ Precipitating Events

Risk: □ Low □ Moderate □ High

Verbal Contract: □ Yes □ No Written Contract: □ Yes □ No

Clinition Notes:_____

_____

_____

_____

_____

10. Violent Ideation/Behavior/Risk

□ Not an issue

□ Thoughts/ideations □ Plan □ Recent Attempt □ History □ Precipitating Events

Risk: □ Low □ Moderate □ High

Verbal Contract: □ Yes □ No Written Contract: □ Yes □ No

Clinitian Notes:_____

_____

_____

_____

_____

11. Legal History

□ Not applicable

□ Services are court ordered

□ Client is under supervision of DOC/JPC

Name of diversion monitor, probation counselor, parole officer: _____

Contact information for above: _____

Other legal history of involvement: _____

Clinitian Notes:_____

_____

_____

_____

_____

What do you hope to change or accomplish from participating in counseling?

What do you want to start working on first? What issues are most important to you?

I understand that completion of the above is for informational purposes and does not constitute a contract for services as further therapy concerns are generally addressed during the first appointment.

I agree to pay for sessions at the time of the appointment. If insurance is being utilized, I agree that it is my responsibility to understand my coverage, co-pays and deductibles, if any.

_____

Client Name (Printed) Signature Date

_____

Parent/Guardian Name (Printed) Signature Date

_____

Parent/Guardian Signature Signature Date