



THE REFUGE CENTER  
FOR COUNSELING

## **Child Intake Form**

### **Identification Information:**

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Primary Address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### **Emergency Contact information:**

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

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

Guardian's Name (s): \_\_\_\_\_

Guardian's contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_

With whom does the child presently reside? \_\_\_\_\_

### **Family Information:**

#### **FATHER**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact: **Phone** or **Email** (circle one)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Annual Income (before taxes) \$ \_\_\_\_\_

Marital Status (circle one): **Single** **Married** (years married \_\_\_\_\_) **Divorced** **Widowed** **Separated**

Spouse/ Significant Other: \_\_\_\_\_

Age when first married (if married): \_\_\_\_\_ Age at birth of child: \_\_\_\_\_

Has the child's father been previously married? **Yes** **No**

**MOTHER**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact: **Phone** or **Email** (circle one)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Annual Income (before taxes) \$ \_\_\_\_\_

Marital Status (circle one): **Single** **Married** (years married \_\_\_\_\_) **Divorced** **Widowed** **Separated**

Spouse/ Significant Other: \_\_\_\_\_

Age when first married (if married): \_\_\_\_\_ Age at birth of child: \_\_\_\_\_

Has the child's mother been previously married? **Yes** **No**

**Custody Arrangements:** (if applicable)

Primary Residential Parent: \_\_\_\_\_

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

Child is with \_\_\_\_\_ on \_\_\_\_\_

Child is with \_\_\_\_\_ on \_\_\_\_\_

According to your Parenting Plan, who is authorized to make health care related decisions? (circle one)

**Father** **Mother** **Joint** **Other (specify):** \_\_\_\_\_

*(\*) Please provide the Refuge Center for Counseling with a copy of your Parenting Plan.*

**Siblings/ other Household Members:**

Name:	Relationship:	Age/ Gender:	School/ Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What kind of relationship does this child have with his/her siblings? **Good** **Fair** **Poor**

What kind of relationship does the mother have with this child? **Good** **Fair** **Poor**

What kind of relationship does the father have with this child? **Good** **Fair** **Poor**

What kind of relationship does the child have with extended family?

Fathers' side **Good** **Fair** **Poor** Mothers' side **Good** **Fair** **Poor**

How do you communicate love to your child?

\_\_\_\_\_

\_\_\_\_\_

What are the main methods of discipline used with your child and how effective have they been?

\_\_\_\_\_

\_\_\_\_\_

Has your child ever experienced any type of abuse? (physical/ sexual/ verbal) If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:**

Has your child previously been in counseling? Yes No

If yes → Dates and provider: \_\_\_\_\_

Child's response to treatment: \_\_\_\_\_

Why are you currently seeking counseling for your child? \_\_\_\_\_

Who referred you to the Refuge Center for Counseling? \_\_\_\_\_

**Medical/ Mental Health Information:**

Medical conditions or illnesses: \_\_\_\_\_

Accidents or injuries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Child's Current Pediatrician: \_\_\_\_\_

When was your child's last medical check- up? \_\_\_\_\_

Is your child currently on any medications? **Yes No**

If yes, please list all of the medications which your child is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any of the following? (circle all that apply)

- |                  |           |                       |                       |              |            |
|------------------|-----------|-----------------------|-----------------------|--------------|------------|
| Surgery          | Asthma    | High fever            | Convulsions/ Seizures | Eye Problems | Meningitis |
| Hearing problems | Allergies | Loss of consciousness | Other                 |              |            |

Explain "other" : \_\_\_\_\_

How would you rate your child's overall health? (circle)

**Good 10 9 8 7 6 5 4 3 2 1 Poor**

**Please circle the disorders which any of the child's blood RELATIVES have had:**

- |   |                     |                    |                       |            |           |
|---|---------------------|--------------------|-----------------------|------------|-----------|
| Alcoholism                                    | Drug Addiction      | Anemia             | Asthma                | Cancer     | Diabetes  |
| Epilepsy Heart Disease                        | High Blood Pressure | Low Blood Pressure | Stroke                |            |           |
| Hepatitis                                     | Kidney Disease      | Venereal Disease   | Psychiatric Treatment | Depression |           |
| Suicide Attempt(s)                            | Manic Depression    | Anxiety            | Fears                 | Phobias    | ADHD/ ADD |
| Obsession Compulsion with specific activities |                     |                    |                       |            |           |

Briefly describe significant family events which your child has been exposed to: (divorce, remarriage, death,

domestic violence)

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How does your child interact with his/her family members? :

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How does your family celebrate special events (birthdays, accomplishments, etc)?

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**Child's Developmental history:**

Please describe the mother's pregnancy:

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Were there any problems during the pregnancy of this child? **Yes No**

If yes, please describe: \_\_\_\_\_

During pregnancy, did the child's mother:

Smoke? **Yes No** Use alcohol? **Yes No**

Use street drugs? **Yes No** If yes, please list: \_\_\_\_\_

How was/is the child's physical **health** from 0- 12 years? **Good Fair Poor**

Explain anything unusual: \_\_\_\_\_

How was/is the child's physical **development** from 0- 12 years? **Good Fair Poor**

Explain anything unusual: \_\_\_\_\_

How was/is the child's **emotional** development from 0- 12 years? **Good Fair Poor**

Explain anything unusual: \_\_\_\_\_

*Circle any of the following which did NOT occur in a typical developmental time period:*

Smiled      Sat without support      Walked alone      Spoke first word  
Used two or three word sentences      Completely weaned      Started toilet training  
Completed toilet training      Completely dressed him/herself

**Child's Academic History:**

Does your child enjoy school?    **Yes**    **No**

Does your child have any learning challenges? If yes, please describe:

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Has your child had any special testing or evaluation? If yes, please describe:

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List any special services that your child is currently receiving: (tutoring, speech therapy, etc.)

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What kind of grades does your child typically receive in school?    **Above Average**      **Average**      **Below Average**

Has your child ever repeated a grade? If yes, specify which grade: \_\_\_\_\_

Is your child involved in any extra- curricular activities? (band, sports, etc.) If yes, please describe:

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How many close friends does your child have? \_\_\_\_\_

How does your child get along with his/her classmates?      **Good**      **Fair**      **Poor**      **Unsure**

How well do they relate to their teachers?      **Good**      **Fair**      **Poor**      **Unsure**

Has your child experienced any of the following problems at school? (circle all that apply)

Gang influence      Incomplete homework      Behavior problems      Fighting      Detention  
Suspension      Poor attendance      Exposure to drugs/ alcohol

**Child's Present Psychological Status:**

Does your child exhibit any of the following negative, personal habits? (Circle all that apply)

Nailbiting      Temper tantrums      Fears      Thumbsucking      Bedwetting      Running away  
Nightmares      Other

Explain "other": \_\_\_\_\_

How would you describe the personality of your child?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any hobbies or other interests? \_\_\_\_\_

Does your child have any pets? If yes, what kind(s)? \_\_\_\_\_

Is there anything currently bothering your child, causing them to worry or be stressed? If yes, please explain:

\_\_\_\_\_

Has your child ever experienced any serious personal, emotional losses? Please describe:

\_\_\_\_\_

How would you rate your child's temper? **Short**                      **Medium**                      **Long**

Has your child ever made statements of wanting to hurt themselves or someone else?    **Yes**        **No**

**If Yes, please describe further:**

\_\_\_\_\_

**Spiritual Inventory**

*Please indicate if answers are specific to your family or just your child*

What beliefs or values have been most important in guiding your family life/ your child's life?

\_\_\_\_\_  
\_\_\_\_\_

What feelings or emotions does your family have about God; is there any particular image that comes to mind?

\_\_\_\_\_  
\_\_\_\_\_

Is your faith/ spirituality helpful to your family? Yes, a lot    Somewhat    Not at all

From your perspective is your family's faith/ spirituality helpful to your child? Yes, a lot    Somewhat    Not at all

**Presenting Issues:**

*Please describe any of the following concerns, which you may have in regards to your child:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior \_\_\_\_\_

Relationships \_\_\_\_\_

Activities \_\_\_\_\_

Academics \_\_\_\_\_

Family Situation \_\_\_\_\_

Development \_\_\_\_\_

Habits \_\_\_\_\_

Gender Confusion \_\_\_\_\_

Other \_\_\_\_\_

**Guardian Signatures:** \_\_\_\_\_ **Date:** \_\_\_\_\_