

**Counseling and Consulting of North Texas**  
**Child and Adolescent Intake Form**  
(Completed by Child/Adolescent)

Date \_\_\_\_\_ Referral Source \_\_\_\_\_

**Contact Information**

Child/Adolescent Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Custodian(s) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip Code

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Medical Information**

Family Doctor \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Have you or anyone in your family been to counseling before? If so, please explain. \_\_\_\_\_

Past medical conditions \_\_\_\_\_

Current medical conditions \_\_\_\_\_

**Some Information about You**

What brings you to counseling now? \_\_\_\_\_

What school do you attend? \_\_\_\_\_ Grade \_\_\_\_\_ Current Grades \_\_\_\_\_

Have grades increased or decreased recently and why? \_\_\_\_\_

Expelled from school? Yes \_\_\_ No \_\_\_

Extracurricular Activities \_\_\_\_\_  
\_\_\_\_\_

Who are the people in your life that mean the most to you? \_\_\_\_\_  
\_\_\_\_\_

What is important to you? \_\_\_\_\_  
\_\_\_\_\_

If you have a problem, who are you most likely to share it with? \_\_\_\_\_  
\_\_\_\_\_

With whom do you enjoy spending time? \_\_\_\_\_  
\_\_\_\_\_

Are you satisfied with your friendships? \_\_\_\_\_ If not, what do you wish were different? \_\_\_\_\_  
\_\_\_\_\_

What are your interests/hobbies? \_\_\_\_\_

What are your plans for the future? \_\_\_\_\_  
\_\_\_\_\_

What is the accomplishment of which you are most proud? \_\_\_\_\_

If we asked your friends to describe you with three words, what would they be? \_\_\_\_\_  
\_\_\_\_\_

If we asked your parents to describe you with three words, what would they be? \_\_\_\_\_  
\_\_\_\_\_

If you could change one thing about yourself, what would it be? \_\_\_\_\_  
\_\_\_\_\_

Do you use drugs or alcohol? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_ Are you sexually active? \_\_\_\_\_

## **Some Information about Your Family**

Who currently lives in your household?

Name	Relationship to you	Age	Educational Level	Occupation
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Describe your relationship with your parents:

	Past	Present
Mother		
Father		
Step-Mother		
Step-Father		

List your siblings, step-siblings and their ages and briefly describe your relationship with them

Name	Age	Relationship

Do you like being with your family? Yes\_\_\_\_ No\_\_\_\_ Explain \_\_\_\_\_

