Evolving Heart Therapy

**Intake Form for Child and Parents**

**This form is to be filled out by the child’s parents and /or legal guardians.**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address if different from above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Age\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_**

**School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity and religion (OPTIONAL):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Languages spoken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents**

With whom does the child live at this time?

Are parent’s divorced or separated?

If Yes, who has legal custody?

Were the child’s parents ever married? Yes \_\_\_\_ No

**Family History**

  

Is there any significant information about the parents’ relationship or treatment toward the child which might be beneficial in counseling? Yes No

If Yes, describe:

**Client’s Mother**

Name:

Age:

Where employed:

Mother’s education:

Is the child currently living with mother? Yes \_\_\_\_No

Natural parent \_\_\_\_ Step-parent \_\_\_\_Adoptive parent \_\_\_\_ Foster home \_\_\_Other (specify): Is there anything notable, unusual or stressful about the child’s relationship with the mother?  Yes No

If Yes, please explain:

How is the child disciplined by the mother?

For what reasons is the child disciplined by the mother?

**Client’s Father**

Name:

Age:

Occupation:

Where employed:

Work phone:

Father’s education:

Is the child currently living with father? Yes No

Natural parent \_Step-parent\_\_ Adoptive parent \_\_\_\_Foster home \_\_ Other (specify): Is there anything notable, unusual or stressful about the child’s relationship with the father? Yes No

If Yes, please explain:

How is the child disciplined by the father?

For what reasons is the child disciplined by the father?

Have you ever sought counseling for your child before? Yes No

 If yes, name of professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of counseling:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Legally, we may not see your child until you supply a copy of all of all appropriate papers related the custody of your child including the most recent legal custody arrangements.**

Please initial in blank provided indicating you understand the above statement. \_\_\_\_\_\_\_\_\_\_

Siblings and others living at home:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Sex** | **Relationship** | **Living in Home** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Child’s Primary Physician:**

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Child’s Specialist**

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***If there has been psychological testing completed for this child please provide a copy of the reports with this form.***

*Current medication prescribed:*

Name of Medication Dosage Frequency Start Date

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

*Previous medication prescribed:*

Name of Medication Dosage Frequency Start Date & End Date

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

Please indicate the main reason for seeking counseling at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Assessment of Child:**

Check any of the following behaviors that most appropriately describe your child:

**Feelings:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cries Easily | Angers easily | Restlessness | Sad | Overly guilty | Sullen | Fearful |
| Irritable | Defiant | Argumentative | Bored easily | Distracted easily | Frequently confused | Decline in schoolwork/grades |
| Talks of death often | Talks of suicide often | Has lost or gained a significant amount of weight | Accident prone |  |  | **Other:** |

**Behaviors:**

|  |  |  |  |
| --- | --- | --- | --- |
| Has problems in school | Destroys property or possessions | Overactive | Involved in sexual activity |
| Does things that seem strange for age | Refuses to talk | In trouble with the police | Other: |

**Social Interaction:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Withdraws | Does not make eye contact | Clingy | Social Butterfly | No close friends |
| Concerned about how child interacts with you | Concerned about how child interacts with other family members | Concerned about how child interacts with peers/playmates | Doesn’t want to go to school | Prefers to be alone |
| Difficulty making friends | Often gets in fights | Difficulty keeping friends | Picks on others | Severe or frequent tantrums |

**Thinking:**

|  |  |  |
| --- | --- | --- |
| **Concerns with child’s thinking process** | **Has strange thoughts** | **Blames others for misdeeds or thoughts** |
| **Daydreams often** | **Difficulty trusting others** | **Has difficulty remembering things** |

**Physical Problems:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lack of energy | Vomits often | Overeats | Refusal to eat or lack of appetite | Soils Pants  Wets Pants |
| Sees or hears things that are not there | Steals | Sets fires | Uses Laxatives | Hurts/cuts Self |
| Has headaches | Has stomachaches often | Frequent complaints of pain | Tics | Lacks remorse |
| Threatens or harms others: | Threatens or harms animals: | Lacks interest in things usually enjoyed | Sleeping Issues:Nightmares  Sleep Walking  Early Waking  Frequent night waking | Plays sexual games with others, toys, animals (pertaining to ages 3-9) |

Is there a family history of any of the following: (please check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alcohol Abuse | Drug Abuse | Depression | Anxiety | ADD/ADHD |
| Learning Disabilities | Dyslexia | Oppositional Behavior | Schizophrenia | Bipolar disorder |
| Tics or Tourettes | Arrests | Physical Abuse | Sexual Abuse | Seizures |

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Performance**What subjects does your child consistently do well?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What subjects does your child consistently do poorly?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades tend to be: (check all that apply)

|  |  |  |
| --- | --- | --- |
| A | B | C |
| D | F | Unsure |

Is your child expected to pass this school year? Yes No

For this school year, indicate the number of days absent from school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child typically handle homework?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does homework on their own | Needs my help to do homework \_\_\_\_ | Has to be constantly reminded to do homework | Forgets assignments at school | Refuses to do homework | Struggles to understand | Other: |

**Child’s Interests and Strengths**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Catching and throwing a ball | Dancing | Building models | Working with electronics | Reading for pleasure | Caring for pets/animals |
| Understanding what he/she reads | Memorizing things for school | Learning about science | Running fast | Art work | Building thing |
| Handwriting Writing stories/poems | Learning about history | Singing | Playing a particular sport | Playing a musical instrument | Working with machine |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Figuring out new reading words | Learning new spelling words | Using Computer | Video Games | Other: |

**What strategies have you tried to help address the concerns you have with your child?**

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal reprimands | Avoidance of child | Giving in to the child | Time out |
| Removal of privileges | Rewards | Physical punishment | Other |

Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_