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CHILD & ADOLESCENT INTAKE FORM

CHILD / ADOLESCENT'S NAME: _____

PARENT NAME: _____ DATE: _____

ADDRESS: _____

BEST CONTACT NUMBER: _____ MAY I LEAVE A MESSAGE?
(CIRCLE ONE) YES NO

CHILD / ADOLESCENT'S DATE OF BIRTH: _____

PLEASE TELL THE STATUS OF THE FAMILY? FAMILIES COME IN ALL SHAPES AND ARRANGEMENTS. PLEASE CHCECK ALL THAT APPLY AND THEN WRITE MORE IF NECESSARY:

- BOTH BIOLOGICAL PARENTS LIVE IN THE SAME HOUSEHOLD
- LEGALLY ADOPTED PARENTS AND LIVE IN THE SAME HOUSEHOLD
- BIOLOGICAL PARENTS ARE DIVORCED / SEPARATED AND LIVE IN DIFFERENT HOUSEHOLDS
- WHO HAS CUSTODY OF THE CHILD/ADOLESCENT? _____
EXPLAIN CUSTODY ARRANGEMENTS, IF THIS APPLIES:

- CHILD/ADOLESCENT LIVES WITH ONE BIOLOGICAL PARENT
- CHILD/ADOLESCENT SPLITS TIME BETWEEN BOTH PARENTS (AND PROVIDE EXPLANATION)

- BLENDED FAMILY (DIVORCE, THEN REMARRIAGE)
- OTHER: PLEASE EXPLAIN

WHO LIVES IN YOUR HOME?

NAME	AGE	ROLE (MOM,DAD,GRANDPA,SISTER, ETC)

IF YOU NEED MORE ROOM, TURN TO THE BACK PAGE TO CONTINUE

PHYSICAL WELL BEING

PRIMARY CARE PROVIDER FOR YOUR CHILD/ADOLESCENT:

NAME OF PROVIDER / PRACTICE: _____

ADDRESS: _____

TRY TO GO BACK AS FAR AS POSSIBLE WHEN CONSIDERING MEDICAL CONDITIONS/EVENTS THAT HAVE HAPPENED.

MEDICAL CONDITION/ EVENT	MEDICATIONS (DOSAGE, IF KNOWN)	HOW LONG HAS CHILD/ADOLESCENT BEEN DEALING WITH THIS CONDITION??

PAST PSYCHOLOGICAL/PSYCHIATRIC TREATMENT

HAVE YOUR CHILD/ADOLESCENT EVER RECEIVED PSYCHOLOGICAL, PSYCHIATRIC, DRUG OR ALCOHOL TREATMENT, OR COUNSELING SERVICES? (CIRCLE ONE) YES No

PLEASE INDICATE WHICH TYPE OF TREATMENT (CIRCLE ONE): INPATIENT OUTPATIENT BOTH

IF YES, PLEASE INDICATE:

WHEN:

FROM WHOM:

FOR WHAT:

RESULTS:

HAS YOUR CHILD/ADOLESCENT EVER TAKEN MEDICATIONS FOR PSYCHIATRIC OR EMOTIONAL PROBLEMS? CIRCLE ONE: YES No

IF YES, PLEASE INDICATE:

WHEN

FROM WHOM:

FOR WHAT:

TYPE OF MEDICATION:

RESULTS:

DOES YOUR CHILD IDENTIFY AS THEIR BIOLOGICAL GENDER? YES NO

(FOR EXAMPLE, YOU MAY ANSWER NO IF YOUR CHILD IS BIOLOGICALLY MALE, BUT FEEL LIKE/ THINKS OF SELF AS A FEMALE). IF YOU CIRCLED NO, PLEASE EXPLAIN MORE: _____

HOW CONCERNED ARE YOU ABOUT THE FOLLOWING ASPECTS OF YOUR CHILD'S PHYSICAL WELL BEING?

CIRCLE 1, 2, OR 3

EATING:

1: NOT AT ALL CONCERNED 2: SOMEWHAT CONCERNED 3: VERY CONCERNED

SLEEPING:

1: NOT AT ALL CONCERNED 2: SOMEWHAT CONCERNED 3: VERY CONCERNED

PHYSICAL ACTIVITY:

1: NOT AT ALL CONCERNED 2: SOMEWHAT CONCERNED 3: VERY CONCERNED

LIST ANY OTHER PHYSICAL CONCERNS YOU HAVE THAT ARE NOT HERE: _____

SOCIAL WELL BEING - FRIENDS

SUMMARIZE YOUR UNDERSTANDING OF YOUR CHILD'S FRIENDS/FRIENDSHIPS

(EX. "HAS A BEST FRIEND" ; "HAS MANY / VERY FEW FRIENDS" ; "HAS A HARD TIME MAKING FRIENDS" ; "SEES FRIENDS SOCIALLY OFTEN/NOT AT ALL" ETC)

TO YOUR KNOWLEDGE, HAS YOUR CHILD EXPERIENCED BULLYING? YES NO

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD/ADOLESCENT HAVE A BOYFRIEND/GIRLFRIEND THAT YOU KNOW OF?

YES NO DON'T KNOW

IF YOU CIRCLED YES, PLEASE ADD SOME DETAILS HERE: _____

IS YOUR CHILD/ADOLESCENT SEXUALLY ACTIVE? YES No I DON'T KNOW

PLEASE EXPLAIN MORE HERE: _____

HOW CONCERNED ARE YOU ABOUT YOUR CHILD/ADOLESCENT'S SOCIAL WELL BEING AS IT RELATES TO FRIENDS/ROMANTIC INTERESTS?

1: NOT AT ALL CONCERNED

2: SOMEWHAT CONCERNED

3: VERY CONCERNED

FEEL FREE TO LIST OTHER ASPECTS OF YOUR CHILD'S SOCIAL LIFE THAT ARE CONCERNS FOR YOU THAT ARE NOT LISTED HERE: _____

ACADEMIC WELL BEING – SCHOOL AND WORK

DOES YOUR CHILD/ADOLESCENT HAVE A JOB? YES No

IF YES, PLEASE TELL WHERE HE/SHE WORKS: _____

WHAT IS HIS/HER ROLE? _____ HOW MANY HOURS PER WEEK: _____

BASED ON YOUR OBSERVATIONS OF / CONVERSATIONS WITH YOUR CHILD, HOW DOES HE/SHE FEEL ABOUT THE JOB?

DESCRIBE YOUR UNDERSTANDING OF YOUR CHILD/ADOLESCENT'S SCHOOL LIFE:

SUBJECTS THEY LIKE: _____

SUBJECTS THEY DON'T LIKE: _____

STRUGGLES THEY HAVE WITH SCHOOL: _____

STRENGTHS THEY HAVE WITH SCHOOL: _____

HOW CONCERNED ARE YOU ABOUT YOUR CHILD'S WORK LIFE: (IF YOUR CHILD WORKS)

1: NOT AT ALL CONCERNED

2: SOMEWHAT CONCERNED

3: VERY CONCERNED

HOW CONCERNED ARE YOU ABOUT YOUR CHILD'S SCHOOL LIFE:

1: NOT AT ALL CONCERNED

2: SOMEWHAT CONCERNED

3: VERY CONCERNED

PLEASE LIST OTHER ASPECTS OF YOUR CHILD'S WORK/SCHOOL LIFE THAT ARE CONCERNS THAT ARE NOT LISTED HERE: _____

HAVE THERE BEEN ANY RECENT EVENTS THAT OCCURRED IN THIS AREA OF YOUR CHILD'S LIFE THAT MIGHT BE IMPORTANT TO MENTION: YES NO

IF YES, PLEASE EXPLAIN: _____

FAMILY WELL BEING

DESCRIBE WHAT'S HAPPENING IN YOUR FAMILY LIFE RIGHT NOW?

(EX. EVENTS THAT HAVE OCCURRED (DIVORCE, BIRTH, DEATH, SOMEONE MOVED OUT, SOMEONE MOVED IN, GRADUATIONS, LOSS OF JOB, RELOCATION, SOMEONE IS ILL, ETC)

HOW WOULD YOU DESCRIBE RELATIONSHIPS BETWEEN PEOPLE IN YOUR HOUSEHOLD/FAMILY THAT MAY BE SIGNIFICANT:

(EX. ANTHONY HAS BEEN ARGUING WITH MIKAILA A LOT ; MOM AND DAD ARE GOING THROUGH A ROUGH TIME ; JOE AND SAM SEEM TO BE HANGING OUT A LOT AND LEAVING LITTLE SISTER OUT...)

WHAT IS IT LIKE TO BE IN YOUR HOUSEHOLD RIGHT NOW? HOW WOULD YOU DESCRIBE IT?

HOW CONCERNED ARE YOU ABOUT YOUR CHILD'S VIEW OF THE FAMILY LIFE:

1: NOT AT ALL CONCERNED

2: SOMEWHAT CONCERNED

3: VERY CONCERNED

MENTION ANYTHING ELSE HERE THAT IS A CONCERN THAT IS NOT LISTED: _____

BEHAVIORAL WELL BEING

ON A SCALE FROM 1-10 (1 = NOT A CONCERN TO 10 = VERY CONCERNED), RATE YOUR VIEW OF THE FOLLOWING ABOUT YOUR CHILD/ADOLESCENT: CIRCLE THE NUMBER THAT APPLIES

ANXIETY/WORRY: 1 2 3 4 5 6 7 8 9 10

MOOD: 1 2 3 4 5 6 7 8 9 10

ALCOHOL / DRUG USE: 1 2 3 4 5 6 7 8 9 10

ABILITY TO MANAGE ANGER: 1 2 3 4 5 6 7 8 9 10

SADNESS: 1 2 3 4 5 6 7 8 9 10

SELF HARM BEHAVIOR 1 2 3 4 5 6 7 8 9 10

THOUGHTS/ATTEMPTS OF
SUICIDE 1 2 3 4 5 6 7 8 9 10

SEX/SEXUAL ACTIVITY 1 2 3 4 5 6 7 8 9 10

TROUBLE IN SCHOOL 1 2 3 4 5 6 7 8 9 10

ATTITUDE CHANGES 1 2 3 4 5 6 7 8 9 10

WITHDRAWAL/DISTANCING 1 2 3 4 5 6 7 8 9 10

VIOLATING HOUSEHOLD RULES 1 2 3 4 5 6 7 8 9 10

ABILITY TO CONCENTRATE 1 2 3 4 5 6 7 8 9 10

OTHER BEHAVIORS THAT CONCERN YOU THAT ARE NOT LISTED HERE: _____

IS THERE A HISTORY OF (OR CURRENT) ALCOHOL AND/OR DRUG ABUSE/ADDICTION IN YOUR FAMILY? YES NO

IF YES, PLEASE EXPLAIN: _____

HOW CONCERNED ARE YOU ABOUT THE BEHAVIORS OF YOUR CHILD/ADOLESCENT:

1: NOT AT ALL CONCERNED

2: SOMEWHAT CONCERNED

3: VERY CONCERNED

THE FOLLOWING CONTAINS LISTS OF SYMPTOMS THAT MAY BE OCCURRING. PLEASE CIRCLE ALL THAT APPLY (SOME WILL BE REPEATED FROM OTHER PAGES ON THIS FORM) AND THEN ADD

ANY THAT CONCERN YOU THAT ARE NOT LISTED

LIST OF SYMPTOMS

PHYSICAL ABUSE	WON'T LEAVE THE HOUSE	ALCOHOL USE
BINGE EATING	ANGER	ANXIETY
APPETITE	BEING AFRAID	BOWEL TROUBLE
CAREER CHOICES	GRIEF/LOSS	COMPULSIONS
COMPULSIVITY	CONCENTRATION	CONFIDENCE
DEPRESSION	DIVORCE	DRUG USE/ABUSE
EATING PROBLEM	EDUCATION	ENERGY (HI/LOW)
EXTREME FATIGUE	FEARS	FETISHES
FINANCES	FRIENDS	GUILT
HEADACHES	HEALTH PROBLEMS	INFERIORITY FEELINGS
INSOMNIA	LONELINESS	DIFFICULTY MAKING DECISIONS
BULLYING	MEMORY	PURGING/VOMITING
NERVOUSNESS	NIGHTMARES	OBSESSIVE THINKING
OVER/UNDER WEIGHT	PAINFUL THOUGHTS	PANIC ATTACKS
PHOBIAS	RELATIONSHIPS	SADNESS
SELF-ESTEEM	SEPARATION	SEXUAL PROBLEMS
SHORT TEMPER	SHYNESS	SLEEP
STRESS	SUICIDAL THOUGHTS	WORK
LOSS	SELF HARM	RELIGION / SPIRITUALITY
TRUST ISSUES	FEELING BLAMED	GENDER ISSUES

ADD ANY YOU EXPERIENCE THAT ARE NOT LISTED ABOVE:

ARE THERE EVENTS (ONE TIME OR ONGOING) FROM YOUR PAST THAT YOU FEEL MAY

CONTRIBUTE TO WHY YOU ARE BRINGING YOUR CHILD/ADOLESCENT HERE TODAY??
SAY MORE ABOUT THAT:

WHAT DO YOU SEE AS YOUR CHILD/ADOLESCENT'S STRENGTHS?? GIVE EXAMPLES IF YOU'D LIKE.

OTHER

IS THERE ANYTHING ELSE THAT IS IMPORTANT FOR ME AS YOUR THERAPIST TO KNOW ABOUT AND THAT YOU HAVE NOT WRITTEN ABOUT ON ANY OF THESE FORMS? PLEASE TELL ME HERE; USE THE BACK OF THE PAPER IF NEEDED.

THANK YOU FOR TAKING THE TIME TO FILL THIS OUT,

Nate