Patient Name(s): ____

Your name (if patient is a minor): ____

Date(s) of birth: ____

Date of first counseling session: ____

Address (street, city, state, zip): ____

____

Home phone: ____

Cell phone: ____

Work phone: ____

Which number do you prefer we use? *Check one:* H☐ C☐ W ☐

If you live with either a husband/wife or other partner, what is their name? ______________________

What is/are your child's(ren's) names, ages, grades in school? ______________________

____

Email Address(es): ____

Place of birth: ______________________ you______________________ your spouse/partner

Who is the primary insured: ____

Primary insured employer: ____

— —

Insurance Company: ______________________ Insurance Co. phone: ______________________

Insurance Co. Id number: ______________________ What is your copay? ______________________

Do you have a deductible? *(call your insurance co for the answers)* ______________________

— —

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Current state of health: ____________________

If less than excellent, please state why: ____________________

____

What medicines do you take? *(Name/dosage/frequency)* ____________________

____

Any substance abuse/use? You: yes ☐ no ☐ when? ____________________

Partner: yes ☐ no ☐ when? ____________________

Have you or your spouse/partner ever had

☐ suicide ideation ☐ attempted suicide ☐ Baker Acted? If so, when? ____________________

It is important for your health care providers to speak to one another so that we may work together to help you. Please complete the information below and indicate your approval for us to speak with your doctor.

Who is your primary physician?____________________ Phone #: ____________________

May we contact your physician? ☐ Yes ☐ No ☐ I don't have a physician

If your child or children will be the patient(s), please fill out the Child Development Form that is attached along with the intake form and bring it in with you to our first appt. Thank you!

Are you currently: ☐ single ☐ married ☐ co-habiting ☐ divorced ☐ separated ☐ widowed?

How many times have you been married? ____________________ Your spouse/partner ____________________

What is your /your spouse/partner's highest level of education? ____________________

What type of work do you do? What type of work does your spouse/partner do? ____________________

____

Reason for beginning counseling with me: ____________________

____

Do you have any questions or concerns that have not been addressed by these questions and that you'd like me to know before we begin our work? ____________________

____

CONFIDENTIALITY AND FINANCIAL COMMITMENT AGREEMENT

It is very important that we have a productive, safe, and trusting counseling relationship.

To help make it so, it is necessary that your privacy is well-maintained. Therefore, I assure you that I will not share any information you provide me either through this form or through our counseling sessions with anyone without your *written permission*.

However, it is important that you also know I am required by law to report any information I receive that suggests child abuse, child neglect, sexual abuse, elder neglect or elder abuse. I am also required to notify the appropriate authority(s) if I become aware of any threat you pose to yourself or to another person.

You are welcome to discuss this or anything else about my psychotherapy practice with me at any time. ***By your signature(s) below you are indicating that you understand and accept this agreement.*** Please note: I will need signatures from every person aged 18 and older who will either be participating in your counseling sessions or is a parent to a child who will be seeing me. I will also need a signature from any parent who shares custody with you and has agreed to my working with you and your child/children. Thank you.

In addition, should any amount not be paid when due, I/We agree to be responsible for all costs, including collection and attorney's fees.

Please sign, print your name, and fill in date (all adults participating in our counseling sessions will need to sign below).

Signature ______________________________ Date ______________

Printed Name ____

Signature ______________________________ Date ______________

Printed Name ____

CHILD DEVELOPMENT HISTORY

(we will need a form filled out for each child)

Name of child ______________________________________Current age __________ Today's Date _______________

What was your child's birth weight? _________ lbs. _________ oz. ☐ Unknown

Was delivery normal? ☐ Yes ☐ Unknown ☐ No; specify ____

Did the birth mother experience any physical or emotional problems during pregnancy?

☐ Yes; specify ____ ☐ Unknown ☐ No

Were medications taken during pregnancy?

☐ Yes; specify ____ ☐ Unknown ☐ No

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

☐ Yes; specify ____ ☐ Unknown ☐ No

Did the baby experience any problems immediately after birth?

☐ Yes; specify ____ ☐ Unknown ☐ No

Has your child ever required hospitalization?

☐ Yes; specify ____ ☐ Unknown ☐ No

Is there any history of physical, sexual or emotional abuse?

☐ Yes; specify ____ ☐ Unknown ☐ No

Is there a history of prolonged separations or traumatic events?

☐ Yes; specify ____ ☐ Unknown ☐ No

At what age did your child do the following? (Italicized areas reflect normal development)

___ smiled *(6 mths)*

___ held head up *(3 to 4 mths)*

___ rolled over *(6 mths)*

___ sat alone *(6 to 10 mths)*

___ fed self *(2 yrs)*

___ talked in single words *(18 to 24 mths)*

___ talked in sentences *(30 to 36 mths)*

___ crawled *(6 to 10 mths)*

___ pulled up *(6 to 10 mths)*

___ walked by self *(12 mths)*

___ rode a bike *(6 yrs)*

___ established toilet training *(2 ½ to 4 yrs)*

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How would you describe your child's approach to new situations?

☐ Positive, jumps right in ☐ Withdrawn, tends not to participate ☐ Slow to warm up; cautious

How would you generally describe your child's overall mood?

☐ Positive (happy, laughing, upbeat, hopeful) ☐ Negative (depressed, cranky, angry, hostile)

☐ Mixed but more positive, than negative ☐ Mixed but more negative than positive

Which school is your child currently attending? ______________________________

Is your child currently receiving special services in this school?

☐ Yes; specify ______________________________ ☐ No

Has your child ever failed a class or been held back for academic reasons?

☐ Yes; specify ______________________________ ☐ No

Is your child expected to pass this school year?

☐ Yes ☐ No

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