



The Children's Advocacy Center

Lookout Mountain Judicial Circuit

106 W. Forrest Rd. • P.O. Box 5615 • Fort Oglethorpe, GA, 30742

Telephone: (706) 866-8811 • Fax: (706) 866-9003

Client Intake Form

Today's Date: _____

Identification

Child's Name: _____

Date of Birth: _____

Child's Age: _____

- Presently in Foster Care
- Adopted If yes, at what age? _____

Child's Address: _____

Name of person bringing child to counseling sessions? _____

Relationship to child _____

Phone Number: _____

Is it okay to leave message? Y or N

Family Information

**Only complete questions 1-4 if your child is in foster care, has been adopted, or has otherwise experienced a custody change.*

1. Name of the child's foster parents or other legal guardians (if applicable)

2. The name of the child's biological parents:

Mother: _____ Father: _____

3. Marital Status of biological parents: _____

4. Who has legal guardianship or custody of your child:

5. Please list all individuals presently living in the home with the child:

Relatives	Name	Age	Does Child get along with him/her?	Grade/Occupation
Father				
Mother				
Brother (s)				
Sister (s)				
Step-Mother				
Step-Father				
Step-Brother (s)				
Step-Sister (s)				
Grandmother				
Grandfather				

6. List others who are significant to child who live outside the home

Relationship to child	Name	Age	Does Child get along with him/her?	Grade/Occupation

7. What stresses does your family struggle with?

Birth History:

8. To your knowledge, did the child's mother smoke tobacco or use any alcohol, drugs, or medication during pregnancy? Yes No

9. Does your child have any developmental delays? If so, please describe:

Education:

10. School Attending: _____

11. School Grade: _____

12. Teacher's Name _____

13. Has your child ever been required to repeat a grade?

14. Has your child ever received academic or psychological testing at school or elsewhere? If yes, when and where?

15. Has your child ever received special education services? If yes, please elaborate.

16. Does your child have an active IEP or 504 plan in place at school?

17. School Behavior:

Please describe any issues related to:

18. Sleep: _____

19. Dreams: _____

20. Concentration: _____

21. Appetite: _____

22. Attitude/Mood: _____

23. How would you describe your child's personality (happy, content, fussy, quiet, or irritable)? _____

24. Please describe your child's interaction with adults: _____

25. Please describe your child's interaction with other children: _____

26. Do you have any concerns with your child's friends?

27. Is there anything your child does consistently that gets him/her in trouble?

28. What type of discipline program do you use at home _____

29. Do the caregivers for your child agree on the use of this discipline program?

Please explain:

30. What strengths does your child have? _____

Health Information

31. List all medications or drugs your child has taken in the last year:

32. List all medications or drugs that your child is currently taking:

33. Does your child have any health issues?

34. Has your child experienced any significant medical procedures?

35. Please list any active physical or mental health diagnoses:

36. Has your child ever been hospitalized?

37. Does your child have any allergies? _____

Legal Involvement:

38. Are there any present legal issues that may affect your child? (Divorce, custody dispute, etc.)

Therapy:

39. Please describe any past and/or current traumas your child has experienced:

40. Has your child received previous psychiatric treatment or counseling? Please detail past treatment providers, issues, diagnoses, and treatment effectiveness.

41. Has your child ever made threats of wanting to hurt him/her self or seriously harm someone else? Has he/she ever purposely hurt her/himself or another? If so, please explain. _____

42. Has your child ever experienced any serious emotional losses (Such as a death or physical separation from a parent or other caregiver)?

43. What are your main concerns?

44. Therapy Goals:

Guardian Signature

Date

Therapist Signature

Date