

Brazosport Counseling Services

Child Intake

We are honored by your decision to seek assistance from our Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling we provide, both pastoral and professional, is guided by principles which are scripturally based and psychologically sound.

Your response to this form will serve as a brief and helpful introduction. All submitted information is confidential. If an item does not relate to you, write "NA" meaning Not Applicable. In the case of divorce, the counselor will need the divorce decree detailing who has legal custody of the child and can consent to the child's treatment.

Date _____ Counselor _____

Patient Information: (Child)

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ SS#: _____ - _____ - _____

Who is responsible for payment: _____

How did you hear about the counseling ministry? _____

Please describe the reason for the child's visit today: _____

Social Information:

Parent/Guardian (including step-parents): _____

Marital Status: never married married separated divorced other- _____

Previous Marriages: Mother: _____ time(s) Date(s): _____

Father: _____ time(s) Date(s): _____

Name, Age and Sex of Children: (Mother): _____

(Father): _____

The child presently lives with: _____ How would you describe his/her current living situation? _____

If the child's parents are separated or divorced describe the visitation arrangements

Who can give permission to seek treatment for the child? _____

Highest Education Completed: Mother: _____ Father: _____

Employer (Mother): _____ Position: _____ Length: _____

Employer (Father): _____ Position: _____ Length: _____

Where does the child attend school? _____ Current Grade _____

Has the child had any academic or behavioral problems in school? Yes No If yes, check all that apply:

poor attention span fidgeting not completing/turning in assignments

declining/failing grades arguing refusing to follow directions fighting/hitting

visits to detention/principal learning disabilities other(describe) _____

Are behavioral problems present in situations other than school? Yes No If yes, check all that apply:

arguing impulsivity refusing to follow directions frequent conflicts with siblings

fighting/hitting refusing to do chores isolating in his/her room decreased/increased eating
 decreased/increased sleep bed wetting fire setting harmful to animals

Medical Information:

Does the child have any medical problems? Yes No

Describe: _____

Treating Physician: _____ Specialty: _____ Date of Last Physical: _____

List any medication, dosage, and reason(including vitamins, herbs, or over the counter medication) _____

Were there any problems with the pregnancy or delivery? Yes No If yes, please describe

Were there any delays in the child's development? Yes No If yes, please describe

Has the child received counseling previously? When, where and reason:

Is any family member currently under the care of a mental health professional (i.e. psychiatrist, psychologist, counselor, etc...)? _____ If so, for individual _____ marital _____ group _____

Does the child or their family have any history of depression or other similar problems?
 Yes No If yes, explain: _____

Do you or your family have any history of drug or alcohol problems? Yes No
If yes, explain: _____

Is there a history of sexual or physical abuse towards the child? Yes No If yes, describe

If yes, has this information been reported to the proper authorities? Yes No

Church Information:

Are you a member of a church? Yes _____ No _____ If yes, where? _____

Spouse? Yes _____ No _____ If yes, where? _____

Church/Sunday School Attendance/Involvement:

Self: Frequent Seldom None _____ Spouse: Frequent Seldom None _____

Spouse? Frequent Seldom None _____ Spouse: Frequent Seldom None _____

How would you describe your child's relationship with God? _____
