

Restored Hope Biblical Counseling

Child Intake Form

Child's Name: _____

Address: _____

DOB: _____ - _____ - _____ Does the child live with both parents? ____Yes ____No

If divorced, what type of custody agreement is in place?

Are you willing to provide a copy of the custody agreement? ____Yes ____No

Parent or legal guardian name, address and cell number:

Name and address of non-custodial parent:

Briefly explain the reason for bringing your child in today. Also share any difficulty your family is experiencing.

Has your child seen a counselor previously? ____Yes ____No

If yes, whom did they see? _____

Has your child been given a medical diagnosis by a physician or mental health therapist?

____ Yes ____ No

If yes, what is the diagnosis? _____

Please list all the medications and dosage your child is currently taking:

What school does your child attend? _____

What grade are they in? _____ Overall school performance?

Who lives in the home with the child:

Name:	Relationship to Child:

Are there any current or pending civil or criminal litigation, lawsuits, divorce or custody disputes? ____ Yes ____ No

Is there anything else you would like for me to know?

Parental Consent: By completing and signing this form, I am agreeing to allow my child to see Ruth Yorio of Restored Hope Biblical Counseling. I further understand that my child's

confidentiality will be maintained and understand that specific information discussed during the session will not be shared unless deemed necessary for their safety/welfare. I also understand that I (parent) have the right to request my child's records. I understand these records will be provided in written form and understand that they will be provided within 7 business days.

Parent/Guardian signature: _____ Date: ____-____-____