

- Hergert & Associates Family Counseling Services -

252 S. Central Avenue, PO Box 887, Marshfield, WI 54449
Ph (715) 384-7579 Fax (715) 384-8131

Therapist: Steve Johnson, LPC
Date: _____

INTAKE QUESTIONNAIRE – CHILD

Your response to the following questions will help your therapist better understand you and your situation in order to provide the best possible service. Please answer all questions as completely as possible.

Name of Person Completing Form: _____

Relationship to Child: _____

Home Phone: _____ Work Phone (indicate whose #) _____

Who referred you: _____

If you feel the therapist should be aware of any special treatment considerations due to gender, age, sexual orientation, or cultural, religious, national, racial or ethnic identity, please explain: _____

IDENTIFYING INFORMATION (For individual receiving services)

Child's Name: _____ Date of Birth: _____

Address: _____ Sex: _____ Age: _____

Home Phone: _____ Work Phone (indicate whose #): _____

PRESENTING PROBLEM (Current Situation and History)

What is the primary problem for which you are seeking help? (Please circle)

- | | | |
|---------------------|-----------------------|---------------------------|
| a. Behavior at Home | e. Behavior at School | i. Eating Disorder |
| b. Family Problems | f. Self-Confidence | j. Alcohol/Drug Use |
| c. Depression | g. Overactivity | k. Physical |
| d. Mood Swings | h. Peer Problems | l. Other (Please Explain) |

How long has the child had this problem(s): _____

Has the child received treatment for this problem? Yes _____ No _____

If "yes", when, where, and with whom? _____

HOME BEHAVIOR

1. Is there a behavior problem at home? Yes _____ No _____

If "yes" please explain _____

2. What kind of discipline is used with the child? _____

3. Who is the primary disciplinarian? _____

| HOUSEHOLD FAMILY MEMBERS | | | | |
|---------------------------------|------------------|--------------------------|-----------------------|----------------------|
| Name | Age | Relationship | Lives with You | If "no" lives where? |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| MEDICATIONS | | | | |
| MEDICATION | DOSAGE/ FREQ. | PRESCRIBING PHYSICIAN | FOR WHAT CONDITION | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHOOL INFORMATION

What school does the child currently attend? _____

What grade is the child in? _____ Is the child in special education classes? Yes _____ No _____

Is the child experiencing any problems in school?

Academics (grades): Yes _____ No _____ Social (peers or adults) Yes _____ No _____

Behavior Yes _____ No _____

Please explain any "yes" responses: _____

Anything else you want your therapist to know right away?

Parent/Guardian Signature: _____ Date: _____