



Child Intake Form

Date: _____ Name: _____

Date of Birth: _____ Age: _____ Sex: _____M _____F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

School: _____ Grade: _____

Religious preference: _____ Rate level of faith from 0-10 _____

Part of a Spiritual/Religious Community? Y or N Name: _____

Hobbies/Interests: _____

List by name the members of your current family in order of their age, beginning with the oldest:

Name	Age	Male or Female	Adjective Describing Them
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe why you are here in counseling:

How have you tried to deal with this issue before coming here?



Who helps you the most in your life?

Who do you have the most problems with in your life?

Anything else you want to share or talk about?

Draw a picture of your family doing something together: