Revised 08/2016

Louisville Seminary

CLIENT CONFIDENTIAL INFORMATION FORM
(Child/Adolescent under 18 yrs)

INSTRUCTIONS: The information provided on this form is for use by your counselor. Your honest and complete answers will help us in helping you. If more than one person is coming for counseling, each should fill out a form. Please be sure to complete each question.

PLEASE PRINT ALL INFORMATION

Child's name: _____
First M.I. Last

Child resides with: ____ Both parents ____ Mother _____ Father
____ Grandparent
____ Other: _____

Is there a custodial agreement/decree in effect? _____ yes _____ no

If yes, please explain: _____

_____

***LSCC requires a copy of any custody agreement or decree to verify legal consent when a child does not reside with both parents*.**

Birth date (mm/dd/yyyy): _____/_____/_____ Age: _____ Sex: ___M ___F

Presenting concern to be addressed in therapy: _____

_____

EMERGENCY CONTACT

Name: _____ Relationship to child: _____

Phone: _____

REFERRAL SOURCE – We were referred to Louisville Seminary Counseling Center by:

_____

1. FAMILY INFORMATION:

(a) Parents' Information

Father's name: _____ Birth date: _____/_____/_____

Age: _____ Address: _____

_____

Phones: Cell – _____ Best number to call? _____ cell
_____ home
Home –_____ _____ work

Work – _____

Mother's Name: _____ Birth date: _____/_____/_____

Age: _____ ADDRESS _____

Phones: Cell – _____ Best number to call? _____ cell
_____ home
Home – _____ _____ work

Work – _____

(**b) Sibling Information**: Please list name and age of all siblings in the child's family that reside with the child.

_____

_____

(c) Additional family members:

Name: _____ Birth date: _____/_____/_____

Relationship to child: _____

Address: _____

_____

PHONES: Cell – _____ Best number to call? _____ cell
_____ home
Home – _____ _____ work

Work –_____

2. Personal Information

(a) ETHNICITY (Please check)

( ) African-American ( ) Arab ( ) Asian ( ) Caucasian ( ) Jewish ( ) Latina(o)
( ) Native American/Indigenous ( ) Other: _____

(b) Faith Information

Church membership or faith community affiliation: _____

Religious denomination (if any): _____

Religious upbringing (please describe): _____

_____

Role of faith in your child's life (please check):
( ) None ( ) Important
( ) Minor role ( ) Very Important

(c) Educational Information

School currently attending: _____ Grade: _____

Number of years attending: _____

School contact - Name: _____ PHONE: _____

Please indicate Contact's role: _____ teacher _____ counselor
_____ principal _____ other

LSCC will not contact these individuals without a signed request by the child's custodial parent or party.

List any school related concerns: _____

_____

_____

Level of concern: _____ low _____ medium _____ high

(d) Health Information

Rate your child's physical health: ( ) Very Good ( ) Good ( ) Average ( ) Declining

Child's approximate weight: _____ lbs. Approximate Height: _____

Has there been any significant weight changes lately? Lost _____ Gained _____

List all important present or past illnesses or injuries:

_____

_____

Child's primary physician: _____ Office Phone: _____

Physician's Address: _____

_____

Is your child presently taking any prescription medication(s)? Yes _____ No _____
If Yes, please list and briefly explain:

_____

<u>Drug and Alcohol Use</u>

Please list any concerns regarding your child's use of drugs or alcohol _____

_____

(e) Counseling Experience

Has your child ever seen a counselor before? _____ Yes _____ No

If Yes, please list: _____

_____

Please give a brief description of why you are seeking counseling for your child: _____

_____

_____

ASSESSMENT OF CHILD ADOLESCENT

Form completed by: _____

____ Client
____ Parent/Guardian
____ Other _____

Please circle the description that is most appropriate:

MOOD?
Extreme Depression Down, Low Content Happy Extremely Happy

SENSE OF PLEASURE AND INTEREST IN ACTIVITIES?
None Poor Average Good Excellent

FEELINGS OF GUILT?
Excessive Some Little Rare None

ENERGY LEVEL?
None Poor Average Good Excessive

CONCENTRATION?
Extremely Poor Poor Average Good Excellent

SLEEP?
Extremely Poor Poor Average Good Excessive

APPETITE?
None Poor Average Good Excessive

SCHOOL PERFORMANCE?
None Poor Average Good Excessive

Has the child/adolescent ever experienced thoughts of self-harm or harm to others? (please check your response) ( ) yes ( ) no

If yes, please explain:

_____

_____

_____

_____

STRESSORS

Instructions: Please place a (√) in one of the boxes (Not Present, Mild, Moderate, Severe, or Extreme) for each of the stressors in the following list. Use the check list to indicate how much stress the child/adolescent or family has been under during the past year. Be sure to check one of the boxes for every one of the stressors. Use the "Not Present" column if a specific type of stress has not been experienced during the past year.

List of Stressors	Not Present	Mild	Moderate	Severe	Extreme
1. Birth or adoption of sibling					
2. Sibling rivalry					
3. Family employment issues					
4. Family financial problems					
5. Parent absence					
6. Separation or divorce of parents					
7. Conflict with family member					
8. Physical illness of child/adolescent or family members					
9. Death of loved one					
10. Move					
11. Change of school					
12. Conflict with peers					
13. Bullying					
14. School educational problems					
15. Truancy					
16. Dating Issues					
17. Gender identity issues					
18. Legal problems					
19. Addictions					
20. Other:					

Is the child/adolescent or family currently impacted from any past stressor or trauma that we should be aware of?

( ) yes ( ) no

If yes, please explain: _____

_____

If yes, how does this past stressor or trauma currently impact the child's/adolescent's life?

_____

_____

_____

CONSENT FOR TREATMENT

I hereby give my permission for _____ to be seen in therapy. I am legally designated to give this permission.

I certify that, to the best of my knowledge, the information provided on this intake form is complete and correct.

_____ _____

Signature of parent or guardian **Date**

_____

Relationship to Client