CARE AND COUNSELING CENTER *of Georgia*

OFFERING HEALING, WHOLENESS AND HOPE TO THOSE IN NEED AND EDUCATING OTHERS FOR THIS SERVICE

www.cccgeorgia.org

Office Use Only
Client # _____
Ins. Dx: _____
Need Monthly Statement?
☐ Yes ☐ No
Therapist: _____
Therapist # _____
Center # _____
EAP ☐ Yes ☐ No
☐ Individual ☐ Family

CHILD/ADOLESCENT CLIENT INTAKE INFORMATION FORM

Today's Date: _____

GENERAL INFORMATION – ***Please print***

Patient Name: Last_____ First: _____ MI: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Responsible Party

Name: Last_____ First: _____ MI: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

	Preferred	***leave msg?***	
Home Phone _____	☐	☐ Y ☐ N	Email Address: _____
Cell Phone _____	☐	☐ Y ☐ N	

Patient's DOB: _____/_____/_____ Age: _____ ☐ Male ☐ Female SSN: _____-_____-_____

School Attending: _____ Grade: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Racial/ethnic identity: ☐ American Indian or Alaska Native ☐ Asian or Asian Indian ☐ Black or African-American ☐ Hispanic or Latino ☐ Middle Eastern ☐ Pacific Islander or Native Hawaiian ☐ White

Referred by: _____ May we thank the person? ___ Yes ____No

FAMILY INFORMATION

Parents' Marital Status: ☐ Single ☐ Engaged ☐ Married/Partnered ☐ Separated ☐ Divorced ☐ Widowed

Mother's Name: _____DOB:_____/_____/____ Age:_____ SSN:_____-_____-_____

	Preferred	***leave msg?***	
Home Phone _____	☐	☐ Y ☐ N	Email Address: _____
Work Phone _____	☐	☐ Y ☐ N	
Cell Phone _____	☐	☐ Y ☐ N	Employer:_____

Father's Name: _____DOB:_____/_____/____ Age:_____ SSN:_____-_____-_____

	Preferred	***leave msg?***	
Home Phone _____	☐	☐ Y ☐ N	Email Address: _____
Work Phone _____	☐	☐ Y ☐ N	
Cell Phone _____	☐	☐ Y ☐ N	Employer:_____

Others living in child's home (Names, relationship to child, age) _____

Legal Custodian (if applicable):_____

Would you like to join our email list for upcoming workshops and groups? ☐ Yes ☐ No

(We respect your email privacy. You will not receive unsolicited marketing. We will not share, transfer, sell or rent your information.)

Revised 3/11/2011 *(The information requested in this form will be kept confidential.)*

INSURANCE INFORMATION (*if applicable*)

Policyholder's Name: _____ Policyholder's Employer: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Policyholder's SSN: _____-_____-_____ Policyholder's DOB: ___/___/___ Relationship to Client: _____

Primary Insurance Carrier: _____ (Behavioral Health) Phone #: _____

City:_____ State:___ Zip: _____ Member #:_____ Group #: _____

Secondary Insurance Carrier: _____ (Behavioral Health) Phone #:_____

City:_____ State:___ Zip: _____ Member #:_____ Group #: _____

COUNSELING CONCERNS

Why are you seeking help for your child now?

_____

_____

_____

What would you like to see happen as a result of counseling or psychotherapy?

_____

_____

_____

MEDICAL & PSYCHOLOGICAL HISTORY

Physician's Name: _____ Physician's Phone: _____
Date of last physical: _____

List physical illnesses or symptoms ☐ Check if none

_____

_____

_____

Current Medication	Dosage	Frequency	Prescribing MD

Psychiatrist's Name: _____ Psychiatrist's Phone: _____

Has your child ever had counseling or psychotherapy in the past? ☐ Yes ☐ No

If yes, when? _____ With whom? _____

Has your child been seen at CCCG in the past 3 years? ☐ Yes ☐ No

If yes, when? _____ With whom? _____

Have you or any other family member received help for drug or alcohol dependency? ☐ Yes ☐ No

If yes, when? _____ Where? _____

Check which of the following your child uses, and note the amount and frequency of each:

□ Caffeine: _____ □ Tobacco: _____
□ Coffee □ Sodas □ Other drinks □ Pills
□ Alcohol: _____ □ Marijuana: _____
□ Cocaine, Crack: _____ □ LSD: _____
□ Inhalents: _____ □ Other: _____

Have you ever been concerned about your child's use of drugs/alcohol? □ Yes □ No

Has your child been concerned or felt guilty about his/her use of drugs/alcohol? □ Yes □ No

Has anyone ever expressed concern about your child's use of drugs/alcohol? □ Yes □ No If yes, who? _____

Are drugs used in the home? □ Yes □ No If so, what and by whom? _____

Is alcohol used in the home? □ Yes □ No If so, what and by whom? _____

Does anyone in the home smoke? □ Yes □ No If so, who does and how much?_____

Interests and Accomplishments

What are your child's main hobbies and interests? _____

What are your child's areas of greatest accomplishment?_____

What does your child enjoy doing most?_____

What does your child dislike doing most?_____

What do you like about your child?_____

How much time does your child spend:

Doing homework?_____ Watching TV?_____
Playing video games?_____ On the computer?_____
Exercising?_____ Sleeping?_____

Checklist of Concerns for Children

__Careless	__Fidgets	__Loses temper	__Bullies
__Poor sustained attention	__Out-of-seat	__Argumentative with adults	__Destroys property
__Doesn't listen	__Runs about	__Angry or resentful	__Physical fights
__Poor follow-through	__Problems being quiet	__Refuses to comply	__Cruel to animals/people
__Poor organization	__Talks excessively	__Deliberately annoys	__Uses a weapon
__Loses things	__Calls out	__Projects blame	__Steals
__Easily distracted	__Doesn't wait turn	__Easily annoyed	__Truant from school
__Forgetful in daily activities	__Interrupts	__Spiteful or vindictive	__Sets fires

I give permission to CCCG to treat the minor I am bringing for counseling.

_____ _____ _____
Signature of parent/guardian *Date* *Printed name of parent/guardian*

Revised 1/2013 *(The information requested in this form will be kept confidential.)*

Checklist of Concerns

Please check any relevant concerns.

THOUGHTS/FEELINGS/MOOD

- ☐ Anger/frustration/hostility
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility
- ☐ Confusion
- ☐ Depression
- ☐ Disliking others
- ☐ Emptiness
- ☐ Euphoria
- ☐ Excessive worry
- ☐ Failure
- ☐ Fatigue
- ☐ Fear
- ☐ Grieving (death, loss, divorce, etc)
- ☐ Guilt
- ☐ Hearing things other people don't
- ☐ Homicidal thoughts
- ☐ Intrusive thoughts
- ☐ Judgment problems
- ☐ Memory difficulties
- ☐ Negative thoughts
- ☐ Obsessive thoughts
- ☐ Oversensitivity to criticism
- ☐ Oversensitivity to rejection
- ☐ Panic attacks
- ☐ Perfectionism
- ☐ Sadness
- ☐ Seeing things other people don't
- ☐ Self-centeredness
- ☐ Self-esteem
- ☐ Shyness
- ☐ Spiritual, religious, or moral issues
- ☐ Stress
- ☐ Sudden mood changes
- ☐ Suicidal thoughts
- ☐ Suspiciousness
- ☐ Temper problems
- ☐ Thoughts of hurting self or others

BEHAVIOR

- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Argumentative
- ☐ Avoidant
- ☐ Compulsive behavior/rituals
- ☐ Controlling
- ☐ Decreased/lack of sexual interest
- ☐ Dependency
- ☐ Destruction of property
- ☐ Drug use – prescription, over-the-counter, street
- ☐ Eating problems
- ☐ Financial problems, debt
- ☐ Gambling
- ☐ Hyperactivity
- ☐ Internet problems
- ☐ Irresponsibility
- ☐ Isolation
- ☐ Legal problems
- ☐ Letting others take advantage of you
- ☐ Lying
- ☐ Not able to relax
- ☐ Pornography
- ☐ Preoccupation with sex
- ☐ Procrastination
- ☐ Purging
- ☐ Self destruction/sabotaging
- ☐ Self-neglect
- ☐ Sexual dysfunction
- ☐ Smoking
- ☐ Stealing
- ☐ Threats
- ☐ Weight gain or loss
- ☐ Withdrawal from others
- ☐ Loss of interest on what I used to like
- ☐ Sleep difficulty
- ☐ Loss of appetite
- ☐ Overeating

FAMILY & RELATIONSHIPS

- ☐ Affair
- ☐ Childhood issues (your childhood)
- ☐ Divorce
- ☐ Friendships
- ☐ Housework/chores
- ☐ Interpersonal conflicts
- ☐ Parenting
- ☐ Problems with child(ren)
- ☐ Problems with parents
- ☐ Problems with spouse/partner
- ☐ Separation

ABUSE

- ☐ Abuse of alcohol
- ☐ Abuse of drugs
- ☐ Emotional abuse by another
- ☐ Emotional abuse of another
- ☐ Financial abuse
- ☐ Neglect
- ☐ Physical abuse by another
- ☐ Physical abuse of another
- ☐ Sexual abuse by another
- ☐ Sexual abuse of another
- ☐ Verbal abuse

WORK & SCHOOL

- ☐ Absenteeism
- ☐ Career concerns, goals, choices
- ☐ Difficulty with coworkers
- ☐ Difficulty with supervisor
- ☐ Performance
- ☐ Tardiness
- ☐ Procrastination
- ☐ School problems

OTHER CONCERNS

- ☐ _____
  _____
- ☐ I have no problems or concerns bringing me here at this time.

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