

MINOR INTAKE FORM

Name _____ Date of Birth: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell: _____

Parent's Work Phone: _____

Email Address: _____

Parent's email address: _____

Are your parents divorced? ____ How old were you? ____ Did they remarry? _____

Do you have any siblings? ____ If so, how many? ____ Where are you in the birth order? _____

Do you have a good support system? ____ Is your family part of your support system? _____

Please give the following information for each person that currently lives in your home, **including yourself**.

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PERSONAL AND MEDICAL INFORMATION:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues (sleeplessness, constant worry, phobias): _____

Date of Last Doctor Visit & Reason For it: _____

Note any significant events occurring at this time (trouble in school, death in family, divorce of parents): _____

List any emotional issues that are present (anger, anxiety, moodiness): _____

Have you had thoughts of harming yourself or ending your life? _____

If yes, please describe (how long ago?; did you have a plan?): _____

Have you had thoughts of harming someone else? Him ____ Her ____ If yes, please explain:

FAMILY HISTORY (please include **yourself** in this and specify **whom** it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: _____

Other mental illness: _____

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Emotional, verbal, physical, or sexual abuse: _____

Other significant childhood traumas: _____

BACKGROUND INFORMATION:

Where do you go to school? _____ What is grade level? 1 2 3 4 5 6 7 8 9 10 11 12

Do you have a learning disability? Yes No Specify: _____

What is your GPA? _____ Are you involved in sports/band/other? Yes No Specify: _____

Do you currently attend church? If yes, which church? _____

Are you in youth group? If yes, which church? _____

Do you have a job (presently or in past)? Yes No When & where? _____

Are your parents living? Him _____ Her _____ If deceased, when: _____

Parents' Occupation? Father: _____ Mother: _____

Have you ever seen a therapist before? Yes No Dates: _____ Name of therapist: _____

Was it helpful and how? _____

How did you hear about Christian Counselors of Mooreville? _____

What brings you here today? _____