



# CORNERSTONE CHRISTIAN COUNSELING

## CHILD / ADOLESCENT INTAKE ASSESSMENT

Date \_\_\_\_\_

Child's name \_\_\_\_\_ M F Social Security# \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Email Address \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Who lives in the home at the current time? (name, age, relationship) \_\_\_\_\_

\_\_\_\_\_

Reason for seeking counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the child had previous counseling: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Only as part of family

Where \_\_\_\_\_ When \_\_\_\_\_

Was it helpful? \_\_\_\_\_

\_\_\_\_\_

Has the child had previous substance abuse treatment? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Only as part of family

Where \_\_\_\_\_ When \_\_\_\_\_

Was it helpful? \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL HISTORY

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

School Counselor / Social Worker \_\_\_\_\_

Has the child ever been diagnosed? \_\_\_\_ Learning Disability \_\_\_\_ ADHD \_\_\_\_ Sensory Integrative

\_\_\_\_ Autism \_\_\_\_ Oppositional Defiant \_\_\_\_ Emotionally Impaired

\_\_\_\_ Pervasive Development Dis. \_\_\_\_ Physical Impairment

Describe the child's academic performance \_\_\_\_\_

Does the child struggle with distractibility? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ School thinks so, I'm not sure

\_\_\_\_ Sometimes

\_\_\_\_\_

Has the child struggled with any of the following?  Truancy  Suspension  Fighting  
 Vandalism  Expulsion  Defiance  School refusal  Threatening behaviors  
 Weapons  Separated from parent

What does the child do well at school? \_\_\_\_\_

Has the child ever been held back?  No  Yes, when? \_\_\_\_\_

### LEGAL SYSTEM INVOLVEMENT

Has the child been involved with the legal system?  Yes, in the past  Currently  No

If so, please explain \_\_\_\_\_

Is the child on probation?  No  Yes, probation officer \_\_\_\_\_

### FAMILY HISTORY

Does anyone in the extended family unit have a history of alcoholism?  No  Yes, please explain \_\_\_\_\_

Drug abuse?  No  Yes, please explain \_\_\_\_\_

Depression?  No  Yes, please explain \_\_\_\_\_

Anxiety?  No  Yes, please explain \_\_\_\_\_

Mental Illness?  No  Yes, please explain \_\_\_\_\_

Has the child ever been abused?  No  Yes,  Physical  Emotional  Sexual  
 Spiritual  Verbal

Explain \_\_\_\_\_

### HEALTH HISTORY

Where was the child born? \_\_\_\_\_ Adopted?  No  Yes, at age \_\_\_\_\_

Explain any complications the mother had during pregnancy or labor \_\_\_\_\_

Child's physician / pediatrician \_\_\_\_\_

Is the child being treated for a medical condition? \_\_\_\_\_

Please list hospitalizations \_\_\_\_\_

Please list current medications \_\_\_\_\_

Please list current allergies \_\_\_\_\_

Has the child ever had a seizure?  No  Yes, specify \_\_\_\_\_

Has the child ever had a head injury?  No  Yes, specify \_\_\_\_\_

Does the child complain of frequent headaches?  No  Yes, specify \_\_\_\_\_

Does the child complain of dizziness?  No  Yes, specify \_\_\_\_\_

Does the child have current difficulties with wetting/soiling?  No  Yes, specify \_\_\_\_\_

Does the child have adequate personal hygiene habits?  No  Yes

At what age did the child walk \_\_\_\_\_ Talk \_\_\_\_\_ Complete toilet training \_\_\_\_\_  
Eating habits? \_\_\_ No change \_\_\_ Not eating \_\_\_ Over-eating \_\_\_ Significant Weight Change \_\_\_ lbs.  
\_\_\_\_\_ Selective Eating Habits \_\_\_\_\_ Other \_\_\_\_\_  
Sleeping Habits? \_\_\_ No Change \_\_\_ Trouble Getting to Sleep \_\_\_ Trouble Staying Asleep  
\_\_\_\_\_ Early Waking \_\_\_ Sleepwalking \_\_\_ Nightmares/terrors \_\_\_ Other \_\_\_\_\_

### **HARMFUL BEHAVIORS**

Are you concerned about suicidal statements or gestures with the child? \_\_\_ No \_\_\_ Yes, explain

\_\_\_\_\_ Prior attempt? Explain \_\_\_\_\_

Are you concerned about the child seriously injuring others? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

\_\_\_\_\_ Prior attempt? Explain \_\_\_\_\_

Others risk/safety factors \_\_\_\_\_

### **PERSONALITY**

Does the child form friendships easily? \_\_\_ Yes \_\_\_ No \_\_\_ Only in small crowds

Does the child struggle with any of the following? \_\_\_ "Late Bloomer" \_\_\_ Bullying \_\_\_ Easy  
Target \_\_\_ Extremely Shy \_\_\_ Needs Social Reassurance \_\_\_ Other \_\_\_\_\_

Who is the child's best friend at the current time? \_\_\_\_\_

What does the child do well socially? \_\_\_\_\_

What are some of the child's favorite activities / toys? \_\_\_\_\_

Is the child part of any groups/organizations \_\_\_ No \_\_\_ Yes

If yes, what? \_\_\_\_\_

Cultural Heritage \_\_\_\_\_

### **SPIRITUALITY**

Is your family affiliated with a church? \_\_\_ No \_\_\_ Yes, where? \_\_\_\_\_

Who is the minister/reverend? \_\_\_\_\_

How often do you attend? \_\_\_ Regularly \_\_\_ Sporadically \_\_\_ Holidays \_\_\_ Never

Is the child involved in a church youth group? \_\_\_ No \_\_\_ Yes \_\_\_ Sometimes

### **PREPARATION FOR COUNSELING**

Have you spoken with the child about why he / she is coming to counseling? \_\_\_ No \_\_\_ Yes

What is the last major change in the child's life? \_\_\_\_\_

Has the child ever experienced a traumatic event? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

Is there anything else that the therapist should know about the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone else who should be invited into the counseling process with the child? \_\_\_ No  
\_\_\_ Yes, whom? \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT PLANNING**

What would you like to see occur from counseling services for the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How frequently would you like the child's counseling sessions to be scheduled?  
\_\_\_ as needed \_\_\_ 1x/month \_\_\_ 2x/month \_\_\_ 3x/month \_\_\_ 4x/month \_\_\_ don't know yet

Is everyone in the child's family aware of the concerns? \_\_\_ Yes \_\_\_ No  
Is everyone in the family willing to participate in counseling? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

Is there anything else the child's counselor should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_