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Fax:

Child, Adolescent Intake

Child's Name: _____ Today's Date _____

Date of Birth: _____ Grade _____

School: _____

Home Address: _____

Name/Relationship of Informant (s):

Cellular Phone: _____ Work Phone: _____

Informants Email Address: _____

Best Way to Reach Informant: _____

Please provide the following information about your child:

Mother _____ Father _____

Who has legal guardianship of your child? _____

With whom does your child currently live? Please list all members of household(s).

Names	Ages	Relationship to Child	Grade/Job
_____	_____	_____	_____

Who are your child's significant others NOT living with your child?

Please describe any past counseling that either your child or any family member has had.

Other schools attended? _____

Has your child ever repeated a grade? _____ If so, which one(s) _____

Has your child received special education services? _____

Has your child experienced any of the following problems?

___ fighting ___ lack of friends ___ drug/alcohol ___ detention

___ suspension ___ learning disabilities ___ poor attendance

___ poor grades ___ gang influence ___ incomplete homework

___ behavior issues ___ bullying

Background Information:

Name of Mother: _____ Education: _____

Profession: _____

Name of Father: _____ Education: _____

Profession: _____

Parents' Marital Status: _____

If parents are not married, then:

Are there significant others? _____

Does s/he live with the family? _____

How do(es) the child(ren) get along with him/her? _____

If parent divorced or widowed:

When (how old was the child)? _____

Who has custody of the child? _____

Relationship with non-custodial parent: (How often does your child see him/her?)

Developmental Milestones:

Any problems with:

Motor _____ Language _____ Toilet Training (age) _____

Medical History:

Hospitalizations? _____

Chronic Illnesses? _____

Allergies? _____

Ear Infections? _____

Head Injuries? _____

Other _____

Please list any medications your child takes on a regular basis: _____

Has your child ever told you s/he was sexually abused? _____

Has your child ever made statements of wanting to hurt him/herself or others?

Has your child ever experienced any serious emotional losses (such as a death of

Or physical separation from a parent or other caretaker)? _____ If yes, please

explain. _____

What are some of the things that are currently stressful to your child and his/her

family? _____

Behavioral Excesses:

What does your child currently do too often, too much, or at the wrong times that gets him/her in trouble?

Behavioral Deficits:

What does your child fail to do as often as you would like, as much as you would like, or when you would like?

Behavioral Assets:

What does your child do that you or other people like? _____

From your preceding list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST? How much must they change for you to be satisfied?

Social Life:

Does your child have many friends? _____

Does s/he fight physically or verbally with them? _____

What kind of activities does your child do with her/his friends? _____

What other activities and interests does your child have? _____

Other Concerns:

Do you have any other concerns about your child or your family that you have not mentioned yet?

I, _____, give Tracy J. Hannah, permission to provide for _____.

Confidentiality Statement

I, _____, _____, and
Parent Parent

Minor Child

Understand limits to confidentiality and have been provided with a copy of this statement.

For the Parent/Guardian: The right to confidentiality is maintained with two exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others, including your child

For the Child: The right to confidentiality is maintained with two exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe you will harm others.
3. The professional has reason to believe that someone or something is harming you, including your parents.

Additional Disclosures at the Parent's Request:

Therapist

Parent/Guardian

Child/Adolescent

Date