

# Audrey Hockman, MA, MPH, LMHC

Advanced Women's Health  
2102 North Peal Street, Suite 405  
Tacoma, WA 98406  
(253) 752-8822

## Child and Teen Intake

Welcome! This form is the first step in identifying you and your child's current concerns in order to give me an idea of how I can best help you. Together, we will go over this form more thoroughly during your first session.

**\*\*Please be mindful that the Caregiver section of this intake will be shared in session with your child present. Please bring this form with you to your first session. \*\***

### Caregiver's Section

Date: \_\_\_\_\_

Parent/ Caregivers Name(s)  
\_\_\_\_\_

Your Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade: \_\_\_\_\_

Any repeated grades? \_\_\_\_\_

Family's Home Phone: \_\_\_\_\_

Caregiver's Mobile Phone (s): \_\_\_\_\_

Teen's phone: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to client: \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

#### Medical History:

Is your child currently seeing a physician for an ongoing medical condition such as diabetes, ADHD, thyroid disorder, depression, cancer treatment, etc.? Y / N

If yes, then please explain/describe including medications taken.

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Name of Pediatrician:

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Please describe any current concerns with alcohol or drug use in yourself or in your family:

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Any complications during pregnancy?

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Any disruptions with bonding or attachment including out of home placement?

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Were there any concerns with milestones (walking, talking, potty training)?

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Has your child ever been in therapy? \_\_\_\_ (Y/N)

If yes, when was the last time he/she saw a therapist? \_\_\_\_\_ (date)

If so, what worked and what didn't?

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Family Background:

Any health, financial or legal concerns that the family is facing that would be helpful to know?

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What are your family's strengths that will help your child succeed in counseling?

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Any other children living in the household?

Name

Age

Relationship

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Are sibling relationships part of what you hope will be addressed in your child's therapy sessions?

(Y/N)

If yes, please briefly share your concerns:

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Any other adults living in the home? (Y/N)

Relationship

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How would you describe your parenting style?

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What issues do you believe are affecting your child or teen?

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How long ago did you first see this behavior begin?

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Has this behavior increased over time or been occurring at the same level?

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Any history of running away? If so, please explain.

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How motivated do you feel about your child or teen starting counseling?

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What does your family do for fun?

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## Child/Teen Section

If you sense your child or teen is mature enough to be asked the questions below, **this section should be left BLANK and brought to your teen's first session where it will be completed by your teen during our intake.**

*If your child is younger and/or you feel they are not at a place to be asked the questions below, please do your best to answer on your child's behalf.*

School & Relationships:

How important is school to you? \_\_\_\_\_

Are there any adults at school that you find helpful? If yes, what is their role?

\_\_\_\_\_

What are your friends at school like? Do you hang out with a particular group of kids?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are in High School, do you have plans for after graduation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that your family relates well to each other? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you do for fun?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What do you do to relax?

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Any sport/ band/ theater/choir/ artistic involvement?

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Any cutting, self-harm?

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Do you have any ongoing issues such as trouble sleeping, having low self-esteem, or feeling sad or anxious?

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Do you have a good support system (people you can turn to with problems, to have fun, people who enrich your life)?

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What do you see as your strengths that help you get through daily life?

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What holds you back?

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What are three words you would use to describe your relationship with your:  
Caregiver/Mother:

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Caregiver/Father:

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Sister(s):

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Brother(s):

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Other significant family members:

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How do you handle your anger?

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On a scale of 1-10 with 1 being NO interest and 10 being VERY interested, how interested are you in starting counseling? \_\_\_\_\_

Anything else that would be helpful for me to know?

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What do you perceive your family wants you to get out of therapy?

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What do you hope to get out of therapy?

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What would your ideal therapist or therapy session be like?

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Signature (Caregiver if child under 13)

Date