

# HelpNet

## Child/Adolescent Intake Information

If you are filling this form out for a minor child, please make sure you fill out all information as it pertains to the child.

Name:	Date:		
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Birthdate:	Age:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
School:	Grade:		
Emergency Contact:	Relationship to minor:		

It is important for you to understand that what you discuss here is confidential. However, under certain conditions, your information is not private:

1. If child abuse is or has been an issue; or
2. If you express any plan to harm yourself or someone else
3. There is a court order

Under these circumstances, we need to make sure you and all others involved are safe.

### **Presenting Problem**

Briefly state the reason for today's visit:

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When did this problem begin?  Less than 1 month  1 - 6 months  7 -11 months  1 year or more

Check any feelings you regularly experience:			
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Depressed	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Mad
<input type="checkbox"/> Worthless	<input type="checkbox"/> Powerless	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Helpless
<input type="checkbox"/> Stupid	<input type="checkbox"/> Scared	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Happy
<input type="checkbox"/> Sad	<input type="checkbox"/> Hopeful	<input type="checkbox"/> Excited	
Other feelings you often feel:			

**Social/Family History**

Who else lives in the home?

Name	Age	Relationship to you

**Recent Stressful Life Events**

Check any of the following that have occurred in the last two years:

- Difficulties with family members
- Breakup of important relationship
- Personal/family illness or injury
- Difficulties at school
- Violence
- Death of a loved one
- Change in schools
- Parent left home
- Changed residences
- Legal difficulties
- Other (Please list)

**Medical History**

Name of Physician: \_\_\_\_\_

Please indicate name and dosage of any medications currently using:

Name of Medication	Dose	What is it for?

Allergies: \_\_\_\_\_

**SELF HARM/HARM TO OTHERS**

Have you ever seriously thought about suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever attempted suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you thinking of suicide now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you self-harmed? (cutting, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an eating disorder? (Bingeing, purging, restricting?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever seriously talked about hurting a person or an animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever intentionally hurt someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you thinking/talking about hurting someone now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of who filled out form, if not the child

# HelpNet

## Parent/Guardian Information Form

Name of Child in Counseling: \_\_\_\_\_

**Name of Custodial Parent/Legal Guardian:** \_\_\_\_\_

Custody Type:                       Legal                       Physical

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Cell: \_\_\_\_\_

DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_                      Policy #: \_\_\_\_\_

**Name of Custodial Parent/Legal Guardian:** \_\_\_\_\_

Custody Type:                       Legal                       Physical

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Cell: \_\_\_\_\_

DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_                      Policy #: \_\_\_\_\_

What are your concerns about your child today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date