

CONFIDENTIAL - BEFORE THE FIRST SESSION

Child & Teen Intake Form

For parents and caregivers of children and teens ages 5-18. Please answer only what feels relevant. Older teens may contribute. Any item can be left blank and discussed together in session.

1. CHILD OR TEEN INFORMATION - AGES 5 TO 18

Full name

Name they prefer to use

Date of birth (MM/DD/YYYY)

Age

Pronouns

Gender identity (optional)

School

Grade

Home address

Who does the child/teen live with?

2. PARENT / CAREGIVER INFORMATION

Parent/caregiver 1 name

Relationship to child

Email

Phone

Parent/caregiver 2 name

Relationship to child

Email

Phone

Who has legal guardianship / authority to consent to counselling?

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What Brings You Here

A brief overview is enough. There will be time to understand the fuller story together.

3. CURRENT CONCERNS

What led you to seek counselling at this time?

What changes have you noticed, and when did they begin?

Areas that may be relevant (select any)

- | | | |
|---|--|---|
| ☐ Anxiety / worry | ☐ Big emotions | ☐ Low mood |
| ☐ ADHD / executive functioning | ☐ School stress / avoidance | ☐ Friendships / peers |
| ☐ Family relationships | ☐ Grief / transition | ☐ Confidence / self-esteem |
| ☐ Sleep / routines | ☐ Identity / belonging | ☐ Other |

What situations tend to make things harder?

What has already been tried? What helped, even a little?

What would you most like counselling to help with?

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Strengths, Relationships & Daily Life

Understanding the whole young person - not only the concern - is an important part of the work.

4. STRENGTHS AND INTERESTS

How would you describe your child or teen at their best?

Interests, activities, talents, favourite topics, or sources of comfort

Important relationships, communities, cultures, identities, or values

5. HOME, SCHOOL AND SOCIAL LIFE

How are things currently going at home?

How are things currently going at school or in learning?

How are friendships and peer relationships going?

Any recent family changes, losses, moves, separation, conflict, or major transitions?

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Health, Development & Previous Support

Share what feels useful for counselling. Detailed medical records are not required on this form.

6. HEALTH AND DEVELOPMENT

Relevant health conditions, allergies, injuries, sensory needs, or accessibility needs

Current medications and prescribing professional (if relevant)

Developmental history or milestones you would like me to know about

Sleep

Eating / appetite

7. PREVIOUS AND CURRENT SUPPORTS

Previous counselling, assessments, diagnoses, or hospital care (include dates if helpful)

Current professionals or supports involved (doctor, school team, specialist, etc.)

What was helpful or unhelpful in previous support?

May I coordinate with other professionals if a separate written consent is completed?

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☐ Yes ☐ No ☐ Unsure - discuss with me

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Safety, Preferences & Practical Details

These questions support thoughtful planning. This form is not monitored as a crisis service.

8. SAFETY

Are there current or past concerns about self-harm, suicidal thoughts, aggression, running away, abuse, or immediate safety? Please briefly describe.

What helps your child or teen feel safer or calmer when overwhelmed?

Emergency contact name

Relationship / phone

In an emergency or when someone is in immediate danger, contact 911 or local emergency services.

9. SESSION PREFERENCES

What helps your child or teen feel comfortable with a new adult or in a new space?

Anything they dislike, find overwhelming, or would prefer I avoid?

Preferred session focus

☐

Individual child or teen sessions

☐

Parent consultation

☐

Family sessions

10. PRACTICAL INFORMATION AND CONFIRMATION

How did you hear about the practice?