WESTCHASE OFFICE: Elan Wellness Center, 12197 W. Linebaugh Avenue, Tampa, FL 33626
ST. PETERSBURG OFFICE: Docs Outside the Box! 8950 Dr. MLK St. N, St Petersburg, FL 33716

Kimberly Acheson
MSW, LCSW
License #10560

Intake Form (Under 18)

EAP Authorization and name of Provider: _____ **Policy Number:** _____

Name: _____ Date of Birth: _____ Age: _____

Client Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Teacher: _____

Parent/ Guardians Information

Name: _____ Parent DOB: _____

Phone: _____ ☐Ok to leave message

Email _____

Email will be used for appointment reminders or scheduling purposes only, not for therapeutic work.

Name: _____ Date of Birth: _____

Phone: _____ ☐ Ok to leave message

Email _____

Email will be used for appointment reminders or scheduling purposes only, not for therapeutic work.

☐Single ☐Married ☐Domestic Partnership ☐Separated ☐Divorced ☐Widowed ☐Other

Are you currently or have plans to enter into the divorce process? ☐ Yes ☐ No

Legal Custody: ☐Joint ☐Sole ☐None Physical Custody: _____

Other People in Child's Home(s)

Name: _____ m/f Age: _____ Relationship: _____

Name: _____ m/f Age: _____ Relationship: _____

Name: _____ m/f Age: _____ Relationship: _____

Name: _____ m/f Age: _____ Relationship: _____

In case of emergency contact: _____

Phone: _____ **Relationship to client:** _____

Referred by: _____

Play Therapy Intake Form

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Your answers to the following questions may provide additional information that will benefit the counseling sessions. Please answer the questions below as honestly and completely you feel comfortable. All answers will be kept confidential. *Thank you for answering these questions, they will assist me in our work together.*

About current needs…

Please mark any of the areas that is currently or has been a concern about your child:

☐Activity Level	☐Hurting Animals	☐Sadness/ Depression
☐Aggression/ Fights	☐Hygiene	☐School Problems
☐Alcohol/ Drug	☐Hyperactivity	☐Self-Harm
☐Anxiety/ Worry	☐Irritability/ Anger	☐Separation Anxiety
☐Bedwetting	☐Lying	☐Sexual Activity
☐Behavior	☐Mood	☐Sleep Problems
☐Change in Appetite / Eating	☐Motor Skills	☐Stealing
☐Destructiveness	☐Nervous Habits	☐Suicidal Thoughts
☐Distractibility	☐Nightmares	☐Suspicious/ Paranoia
☐Fears	☐Play Behavior	☐Temper Tantrums
☐Fire Setting	☐Potty Training	☐Truancy
☐Foster Care/ DHS	☐Relationships with others	☐Weight
☐Height	☐Response to Discipline	☐Other: _____

Please elaborate on the items selected above:

Briefly describe the concern that brings the child to counseling:

When were the concerns first noticed?

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Describe your child's strengths.

How does the child get along with siblings?

Describe child's relationship with caregivers.

Describe any special activities the family does together.

Please describe your child's temperament.

What are child's interactions with others like?

Does your child have friends? What are those relationships like?

Please describe your child's academic strengths?

Does your child have an IEP or a 504 Plan? No

Has your child worked with the School Counselor? No Yes (dates) _____ _____

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How many times has the child moved/ switched schools throughout childhood? How has the child reacted?

Is there anything else you feel is important for me to know about your child?

Family/ Relationship History (Please check any current struggles.)

- ☐Death of Family Member/ Pet
- ☐Differences in Child Rearing
- ☐Drinking/ Drug Abuse
- ☐Marital Problems
- ☐Mental Health of Family Member(s)
- ☐Physical Health of Family Member(s)
- ☐Prolonged Absence
- ☐Separation or Divorce
- ☐ Other _____

Please elaborate on any concerns selected above.

Medical History

Please describe your child's general health.

Are there any medications your child is currently taking/ prescribed?

Please describe any serious illnesses, accidents, or injuries.

Please describe any conditions that require regular medical care.

Has your child previously or currently in therapy or under the care of a psychologist/psychiatrist?

☐ Yes ☐ No Agency / Professional: _____

Dates: _____ Type: _____

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What was your child's birth weight?
_____lbs. _____oz. ☐ Unknown

Was delivery normal? ☐ Yes ☐ Unknown
☐ No (specify) _____

Did the birth mother experience any physical or emotional problems during pregnancy?
☐ No ☐ Unknown
☐ Yes (specify) _____

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?
☐ No ☐ Unknown
☐ Yes (specify) _____

Did the baby experience any problems immediately after birth? ☐ No ☐ Unknown
☐ Yes (specify) _____

Did caregivers feel bonded to child throughout infancy? ☐ Yes
☐ No (specify) _____

Has your child ever required hospitalization?
☐ No
☐ Yes (specify) _____

Is there any history of physical, sexual or emotional abuse? ☐ No ☐ Unknown
☐ Yes (specify) _____

Is there a history of prolonged separations or traumatic events? ☐ No
☐ Yes (specify) _____

Any disruptions in child's caregiving relationships?
☐ No
☐ Yes (specify) _____

How would you describe your child's approach to new situations?
☐ Positive, jumps right in
☐ Withdrawn, tends to not participate
☐ slow to warm up, cautious

How would you generally describe your child's overall mood?
☐ Positive (happy, laughing, upbeat, hopeful)
☐ Negative (depressed, cranky, angry, hostile)
☐ Mixed but more positive than negative
☐ Mixed but more negative than positive

At what age did your child do the following:
(Parenthesized areas reflect normal development)
_____ smiled (6 months)
_____ sat alone (6 to 10 months)
_____ talked in sentences (30 to 36 months)
_____ walked by self (12 months)
_____ held head up (3 to 4 months)
_____ fed self (2 years)
_____ crawled (6 to 10 months)
_____ rode a bike (6 years)
_____ rolled over (6 months)
_____ talked in single words (18 to 24 months)
_____ pulled self-up (6 to 10 months)
_____ established toilet training (2 ½ to 4 years)

Would you say your child enjoys school? ☐ Yes
☐ No (specify) _____

Is your child currently receiving special services in school? ☐ No
☐ Yes (specify) _____

Has your child ever failed a class or been held back for academic reasons? ☐ No ☐ Yes (specify grade)

Is your child expected to pass this school year?
☐ Yes ☐ No