

LAKWOOD COUNSELING and Career Center

|| 6607 18th Avenue South, Suite #101 Richfield, MN 55423 || lakewoodcounseling.com || (P) 612-798-7373 (F) 612-243-3615 ||

Parent Intake Form

Date: _____

Therapist: _____

Child/Adolescent's Name: _____ Age: _____ Date of Birth: _____

Main purpose for contacting Lakewood Counseling (please give a brief summary):

(check one) biological step foster legal guardian other _____

Parent's Name: _____ **Occupation:** _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

(check one) biological step foster legal guardian other _____

Parent's Name: _____ **Occupation:** _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

(check one) biological step foster legal guardian other _____

Parent's Name: _____ **Occupation:** _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

(check one) biological step foster legal guardian other _____

Parent's Name: _____ **Occupation:** _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

Parent's relationship: Married _____ Divorced _____ Never Married _____ Committed Partners _____

State of Relationship _____

Who has physical custody? _____ Legal Custody? _____

Adolescent lives with which parents: Both equally: _____ Primarily with: _____

Explain:

LAKWOOD COUNSELING and Career Center

|| 6607 18th Avenue South, Suite #101 Richfield, MN 55423 || lakewoodcounseling.com || (P) 612-798-7373 (F) 612-243-3615 ||

Siblings:

(check one)

Name	Age	Biological	Adopted	Step	Foster	Lives With You?

If adopted, please note significant aspects of the adoption:

What birth family information was/is available?:

Medical Information

Name of Child's Physician: _____ Phone:# _____

Name of Clinic: _____

Date and Reason of Last Physical Exam _____

Current Medication(s)

Name	Dosage	Prescriber/Clinic	Date(s)

**If medication(s) not taken regularly/correctly, please explain:

Previous Medication(s)

Name	Dosage	Prescriber/Clinic	Date(s)

LAKWOOD COUNSELING and Career Center

|| 6607 18th Avenue South, Suite #101 Richfield, MN 55423 || lakewoodcounseling.com || (P) 612-798-7373 (F) 612-243-3615 ||

Previous Therapist(s)

Name/Clinic	Date(s)	Comment(s)

Previous Hospitalizations, Partial Hospitalizations, Day Treatments, CD Treatments, etc

Name/Clinic/Facility	Date(s)	Comment(s)

Current medical problem(s):

Any childhood/developmental concerns:

What things are important to address with your child in therapy?

What do you hope your child gets out of therapy?

What are the strengths of your child?

LAKWOOD COUNSELING and Career Center

|| 6607 18th Avenue South, Suite #101 Richfield, MN 55423 || lakewoodcounseling.com || (P) 612-798-7373 (F) 612-243-3615 ||

What methods have you used to discipline your child? Note whether or not effective:

Has your child ever experienced **physical abuse**? If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Has your child ever experienced **sexual abuse**? If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Has your child ever experienced **psychological/emotional abuse**? (e.g., verbal abuse and constant criticism, intimidation, manipulation, refusal to ever be pleased). If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

:

Has your child ever experienced **neglect** by a caregiver? If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Do you have any concerns related to suicide for your child? (e.g., threats, notes, attempts, self-harm):

LAKWOOD COUNSELING and Career Center

|| 6607 18th Avenue South, Suite #101 Richfield, MN 55423 || lakewoodcounseling.com || (P) 612-798-7373 (F) 612-243-3615 ||

Has your child ever talked about or physically hurt an animal or another person?

Are there areas of concern about your child's school experience?

What are the stressors in your adolescent's life? i.e., family death, illness, financial issues, divorce, change in school, social issues, etc.

Would doing family therapy be helpful in addition to your child/adolescent's individual therapy? How? What issues would YOU address in family therapy?

Is there any other information you would like to share?

THANK YOU

Person Completing Form: _____

Signature _____

Date _____