

# JAKE LEHRER, M.A., LMFT

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## 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:

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

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**Siblings:** *(check one)*

Name	Age	Biological	Adopted	Step	Foster	Lives With You?

If adopted, please note significant aspects of the adoption:

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What birth family information was/is available?:

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**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)

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## 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):

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Any childhood/developmental concerns:

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

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What do you hope your child gets out of therapy?

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What are the strengths of your child?

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

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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:

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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:

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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:

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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:

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

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

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

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

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

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Is there any other information you would like to share?

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## THANK YOU

Person Completing Form: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_