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**Child intake form**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child's school & grade \_\_\_\_\_  
Referred by \_\_\_\_\_  
Best Phone Number(s) to be reached at \_\_\_\_\_  
\_\_\_\_\_  
Address(es) \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Biological Mother \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Biological Father \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Guardian \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Step or co-parents involved in child's life \_\_\_\_\_  
\_\_\_\_\_

1. Please describe the main concerns that prompted you to seek counseling for your child/adolescent?

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

2. Please indicate what major stressors the youth has had in the last 12 months (i.e. divorce/separation, social changes, new school, diagnosis, serious illness, injury, death of a close friend or family member, major illness in the family, gain of a new family member, other)

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

3. What you would like to be different when therapy ends?

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4. Has the youth ever received psychological or psychiatric counseling before?  
Yes \_\_\_\_ No \_\_\_\_ if yes, please describe when, from whom, purpose and results

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5. Has the youth ever been prescribed medication for psychiatric or emotional problems?

Yes \_\_\_\_ No \_\_\_\_ if yes, please describe when, prescribing clinician, what medication, for what, and the results

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5. Violent behaviors

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6. Mental Illness of Family  
Member

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7. Spiritual Resources

How significant a role does spirituality play in the families'/child's life?

None \_\_\_\_ Somewhat important \_\_\_\_ Significant \_\_\_\_ Very Significant \_\_\_\_

8. Early Childhood

What was first 2 years like for your child? Were there any major occurrences, transitions, difficult pregnancy or delivery, post partum, etc.? What was your child's temperament at this age? Also, did they have any physical challenges?

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9. Other

Is there anything else you think I should know about prior to beginning counseling with the child?

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Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature:

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