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 Individual, Family, and Child Therapy
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Client Intake Form (Child)

Date:	
Child's Name:	Date of Birth: / /
Address:	
Caregivers Name:	Relationship:
Phone Number:	May I leave a message? Yes No
Other Parent/Emergency Contact:	Phone Number:
Parent's marital status (circle one):	Married Divorced Separated Dating Single
Who has legal custody?	Father Mother Both Other:
# of siblings:	Birth order: oldest middle youngest

Reason for coming to therapy:

Medical Insurance

Insurance:	Circle one: HMO or PPO
ID#:	Group#:
Expiration date:	Phone # (back of card):
# of visits allowed a year:	Co-Pay:
Does your insurance accept an "out of network" provider? Yes or No	
Annual deductible:	

Medical History

Child's Physician:	Phone number:
Date of last visit:	# of times visited in past year:
Physical symptoms child is currently experiencing:	
Current medical conditions:	

Current Medications/Herbal Supplements <i>(continue on back)</i>	Dosage

Date of Hospitalization	Reason

Psychological History

Has your child been in therapy before?	Yes	No
When and for how long?		
Focus of therapy:		
Reason for stopping therapy?		
Name of previous therapist:		
Phone Number:		
Is your child currently seeing a psychiatrist?	Yes	No
Name:		
Phone Number:		
Current mental health diagnosis:		
Has your child ever attempted suicide?	Yes	No
# of suicide attempts:		
Is your child currently feeling suicidal?	Yes	No
Has your child ever been physically, or sexually abused or neglected?	Yes	No
If yes, when?		

Family History

Does someone in your immediate family (parent, sibling) have a history of the following:

Alcohol/Drug Abuse	Yes	No	Family Member:
Depression	Yes	No	Family Member:
Suicide Attempt	Yes	No	Family Member:
Physical or Sexual Abuse	Yes	No	Family Member:
Anxiety or Panic Attacks	Yes	No	Family Member:
Domestic Violence	Yes	No	Family Member:
Divorce	Yes	No	Family Member:

Drug/Alcohol Use

Does your child use alcohol?	Yes	No	<input type="text"/>	per:	day	week	month
Does your child use any drugs?	Yes	No	<input type="text"/>	per:	day	week	month
Which ones?							

Religion

What religion are you/your child?		
Is this important for your child in therapy?	Yes	No

What goals do you have for therapy?

Anything else I should know?
