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Licensed Professional Counselor, National Certified Counselor, Registered Play Therapist, Certified Professional Counselor Supervisor

Fresh Start Counseling Services

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Phone: (912) 489-7590

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Intake for Children Experiencing Custody/Divorce Issues:

Child's Name _____

Nickname (if any) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Age _____ Gender _____ Date of Birth _____ SS# _____

Parent Information

Mother's Name _____

Check One: _____ Biological _____ Adoptive

Street Address _____

City _____ State _____ Zip _____

Email address _____

Age: _____

Employment _____ Employment Phone _____

Home Phone _____ Cell Phone _____

Father's Name _____

Check One: _____ Biological _____ Adoptive

Street Address _____

City _____ State _____ Zip _____

Email address _____

Age: _____

Employment _____ Employment Phone _____

Home Phone _____ Cell Phone _____

Siblings:

Name	Age	Full/Half Sibling
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons that are involved with the child on a regular basis

Name	Nature of relationship
_____	_____
_____	_____
_____	_____
_____	_____

Check all that your child is currently experiencing:

- EMOTIONAL:** Anxiety Crying spells
 Depression Hyperactivity
 Change in personality Irritability
 Frustration Feelings of hopelessness
 Anger Panic spells
 Extreme mood swings Fearful

- BEHAVIORAL:** Loss of energy Excessive shyness
 Bedwetting Biting nails
 Hurting self Not listening/following the rules
 Aggression towards others (biting, pushing, hitting)
 Violence toward animals

- EATING:** Increased appetite Decreased appetite
 Anorexia
 Bulimia (self-induced vomiting or laxative use)

- SLEEPING:** Early waking Difficulty falling asleep
 Snoring Nightmares
 Sleepwalking Daytime sleepiness

INTELLECTUAL: ___ Poor concentration ___ Difficulty finding the right words
___ Slowness of thinking ___ Use of wrong/ inappropriate words
___ Problems understanding what other people say
___ Problems with reading or spelling
___ Problems with memory
___ Difficulty organizing or planning
___ Problems completing schoolwork

THOUGHT: ___ Racing thoughts ___ Unusual thoughts
___ Guilty feelings ___ Recurrent Nightmares
___ Phobias ___ Suicidal thoughts
___ Recurrent thoughts of death
___ Fears of hurting others

OTHER CHILD CHARACTERISTICS

- Argues, “talks back,” smart-alecky, defiant
- Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- Conflicts with parents over persistent rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends
- Complains
- Dawdles, procrastinates, wastes time
- Difficulties with parent’s paramour/new marriage/new family
- Dependent, immature
- Developmental delays
- Disobedient, uncooperative, refuses, noncompliant, doesn’t follow rules
- Distractible, inattentive, poor concentration, daydreams, slow to respond
- Drug or alcohol use
- Failure in school
- Fire setting
- Hypochondriac, always complains of feeling sick
- Immature, “clowns around,” has only younger playmates
- Interrupts, talks out, yells
- Lacks respect for authority, insults, dares, provokes, manipulates
- Legal difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
- Likes to be alone, withdraws, isolates
- Lying

- Need for high degree of supervision at home over play/chores/schedule
- Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness,
- Recent move, new school, loss of friends
- Relationships with brothers/sisters or friends/peers are poor
- Rocking or other repetitive movements
- Runs away
- Sad, unhappy
- Self-harming behaviors—biting or hitting self, head banging, scratching self
- Speech difficulties
- Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors
- Swearing, blasphemous, bathroom language, foul language
- Temper tantrums, rages
- Thumb sucking, finger sucking, hair chewing
- Tics—involuntary rapid movements, noises, or word productions
- Teased, picked on, victimized, bullied
- Truant, school avoiding

Other symptoms not previously mentioned:

Abuse/Neglect:

Briefly describe any abuse (physical, verbal, sexual) the child may have **personally endured**

Briefly describe any abuse (physical, verbal, sexual) that the child may have **witnessed**

Has the mother, father, or family been involved with the Department of Family and Children Services (DFCS) in any county in the state of Georgia or any other state? yes no

If so, please indicate an approximate date; describe allegations, results of investigation, any on-going services, or out of home placements of the children.

Legal Status:

Are the biological parents legally divorced? yes no

If not, are parents separated? yes no If so, for how long? _____

Does the mother or father have any criminal history? yes no

If so, please describe:

Is there a temporary court order in place? yes no (If so, please bring a copy of the court order for the therapist)

Are there pending court proceedings? yes no

If so, please describe:

What are the provisions of the final divorce decree? (please bring a copy of your final court order for the therapist?)

Legal custody _____

Primary physical custody _____

Visitation arrangements

How long has this plan been in place? _____

Are any visits required to be supervised? yes no

Are both parents cooperative with visitation?

If not, please describe _____

Is either parent in another relationship or remarried? yes no

If so, please describe?

If the child has siblings, are all siblings placed together? yes no

If not, please explain:

School/Daycare:

Where does the child attend daycare/school? _____

Any recent changes in academic performance? yes no

When did you first notice these changes?

Please describe:

Is the child enrolled in or receiving any special education services? yes no

Please describe:

Medical:

Has the child been diagnosed with any medical illnesses? yes no

If so, please describe and indicate the diagnosing medical provider _____

Discipline:

How would you describe your method of discipline with regard to this child? _____

Signed

Date