

**Abbie Cottle Smith Counseling, PLLC  
CHILD/MINOR INTAKE FORM**

Date of First Appointment: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone numbers: \_\_\_\_\_  
*Home Cell Work*

May I leave a message for you at home? Y / N

May I leave a message for you at work? Y/ N

May I leave a message or text you on your cell? Y/ N

May I contact you via email? Y/ N

Please list the email address that you wish to be contacted at (we do not release email addresses):

\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

What grade are you currently in? \_\_\_\_\_

Please list the grades received on your last report card:

\_\_\_\_\_

What is your favorite subject in school? \_\_\_\_\_

What types of extracurricular activities are you involved in?

\_\_\_\_\_

Are you now or have you ever been bullied at school? \_\_\_\_\_

Do you currently feel pressure from peers to do things you don't want to do?

\_\_\_\_\_

Please list all family members:

Name:\_\_\_\_\_ Age:\_\_\_\_ Relationship:\_\_\_\_\_ Resides:\_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_ Relationship:\_\_\_\_\_ Resides:\_\_\_\_\_

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Name:\_\_\_\_\_ Age:\_\_\_\_ Relationship:\_\_\_\_\_ Resides:\_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_ Relationship:\_\_\_\_\_ Resides:\_\_\_\_\_

What is your favorite activity you do for fun: \_\_\_\_\_

\_\_\_\_\_

Who do you confide in when you have a problem? Why? \_\_\_\_\_

\_\_\_\_\_

What are some of the rules at your house?

\_\_\_\_\_

\_\_\_\_\_

What type of consequences do you have at your house?

\_\_\_\_\_

Please list any medication you are currently taking:

Medication:	Dosage:	Treatment of Symptoms:	Length of Use of Medication:
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_____	_____	_____	_____
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_____	_____	_____	_____
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Current height\_\_\_\_\_ Current weight\_\_\_\_\_

Are you currently involved in an exercise regimen?

Yes\_\_\_\_ No\_\_\_\_\_ If yes please list the type of exercise and amount per week

\_\_\_\_\_

Current hobbies/ personal interests: \_\_\_\_\_

Current religious/spiritual beliefs: \_\_\_\_\_

Briefly describe reason for seeking counseling:

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What goals do you hope to achieve by attending counseling?

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How many times per week does your family sit down for meals together?

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Have you or any family member ever struggled with any of the following symptoms/behaviors? And if so, please name the family member and date it began/ended.

Anorexia/Bulimia:

Drugs/ Alcohol :

Fighting :

Cutting/Self-Harm:

Suicidal thoughts/attempts:

Homicidal thoughts:

Running away:

Truancy:

Depression:

Anxiety:

Gang/criminal activity:

CPS Involvement:

Domestic Violence:

Physical/Sexual Abuse:

Is there anything else your therapist may find helpful in knowing in regards to the treatment you are seeking? \_\_\_\_\_

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Have you ever previously attended therapy or received counseling services of any kind? Yes\_\_\_\_ No\_\_\_\_\_ If yes please list the type of therapy you received\_\_\_\_\_

Did you find treatment helpful?\_\_\_\_\_

Previous therapist: \_\_\_\_\_

Reason treatment terminated?\_\_\_\_\_

Previous Psychiatric Hospitalizations?\_\_\_\_\_

Treatment and Diagnosis Rendered?\_\_\_\_\_

Do you anticipate being involved in a lawsuit in the near future? Y/ N  
If yes, please explain\_\_\_\_\_

Have you ever been a party to a lawsuit? Y/ N

Have you ever filed a complaint with a licensing or regulatory authority? Y/ N  
If yes, please provide a description of the suite, the date, and the outcome:  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?\_\_\_\_\_

Would you like to receive our e-newsletter? Yes/ No  
(We do not release email addresses to third parties)