



**Gye Nyame Therapeutic Counseling LLC**  
*(The information requested in this form will be kept confidential.)*

**Office Use Only**

Client # \_\_\_\_\_ Ins. Dx: \_\_\_\_\_ Need Monthly Statement?  Yes  No  
 Therapist: \_\_\_\_\_ Therapist # \_\_\_\_\_ EAP  Yes  No

**CHILD/ADOLESCENT INTAKE INFORMATION FORM**

Today's Date: \_\_\_\_\_

**GENERAL INFORMATION – Please print**

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Responsible Party**

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Preferred leave msg?**

Home Phone \_\_\_\_\_  Y  N Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_  Y  N

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male Female SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Racial/ethnic identity:  American Indian or Alaska Native  Asian or Asian Indian  Black or African-American  
 Hispanic or Latino  Middle Eastern  Pacific Islander or Native Hawaiian  White

Religious/Denominational Preference: \_\_\_\_\_

Referred by: \_\_\_\_\_ May we thank the person?  Yes  No

**FAMILY INFORMATION**

Parents' Marital Status:  Single  Engaged  Married/Partnered  Separated  Divorced  Widowed

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Preferred leave msg?**

Home Phone \_\_\_\_\_  Y  N Email Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  Y  N

Cell Phone \_\_\_\_\_  Y  N Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Preferred leave msg?**

Home Phone \_\_\_\_\_  Y  N Email Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  Y  N

Cell Phone \_\_\_\_\_  Y  N Employer: \_\_\_\_\_

Others living in child's home (Names, relationship to child, age) \_\_\_\_\_  
 \_\_\_\_\_

Legal Custodian (if applicable): \_\_\_\_\_



**INSURANCE INFORMATION (if applicable)**

Policyholder's Name: \_\_\_\_\_ Policyholder's Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policyholder's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Policyholder's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Client: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Preauthorization Required?  Y  N Phone: \_\_\_\_\_

Secondary Insurance Carrier: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Preauthorization Required?  Y  N Phone: \_\_\_\_\_

Would you like to join our email list for upcoming workshops and groups?  Yes  No  
(We respect your email privacy. You will not receive unsolicited marketing. We will not share, transfer, sell or rent your information.)

**COUNSELING CONCERNS**

Why are you seeking help for your child now?

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

What would you like to see happen as a result of counseling or psychotherapy?

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

**MEDICAL & PSYCHOLOGICAL HISTORY**

Psychiatrist's Name: \_\_\_\_\_ Psychiatrist's Phone: \_\_\_\_\_

Has your child ever had counseling or psychotherapy in the past?  Yes  No

If yes, when? \_\_\_\_\_ With whom? \_\_\_\_\_

Have you or any other family member received help for drug or alcohol dependency?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Current Medication, Dosage Frequency, Prescribing MD

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

**Interests and Accomplishments**

What are your child's main hobbies and interests? \_\_\_\_\_

What are your child's areas of greatest accomplishment? \_\_\_\_\_

What does your child enjoy doing most? \_\_\_\_\_

What does your child dislike doing most? \_\_\_\_\_

What do you like about your child? \_\_\_\_\_

How much time does your child spend:

Doing homework? \_\_\_\_\_ Watching TV? \_\_\_\_\_

Playing video games? \_\_\_\_\_ On the computer? \_\_\_\_\_

Exercising? \_\_\_\_\_ Sleeping? \_\_\_\_\_



## Checklist of Concerns for Children

- Careless  Fidgets  Loses temper  Bullies  Poor sustained attention  Out-of-seat  Argumentative with adults
- Destroys property  Doesn't listen  Runs about  Angry or resentful  Physical fights  Poor follow-through  Problems being quiet
- Refuses to comply  Cruel to animals/people  Poor organization  Talks excessively  Deliberately annoys  Uses a weapon
- Loses things  Calls out  Projects blame  Steals  Easily distracted  Doesn't wait turn  Easily annoyed  Truant from school
- Forgetful in daily activities  Interrupts  Spiteful or vindictive  Sets fires

## Checklist of Concerns

Please check any relevant concerns.

### THOUGHTS/FEELINGS/MOOD

- Anger/frustration/hostility  Anxiety, nervousness  Attention, concentration, distractibility  Confusion  Depression  Disliking others
- Emptiness  Euphoria  Excessive worry  Failure  Fatigue  Fear  Grieving (death, loss, divorce, etc)  Guilt  Hearing things other people don't
- Homicidal thoughts  Intrusive thoughts  Judgment problems  Memory difficulties  Negative thoughts  Obsessive thoughts  Oversensitivity to criticism  Oversensitivity to rejection  Panic attacks  Perfectionism  Sadness  Seeing things other people don't
- Self-centeredness  Self-esteem  Shyness  Spiritual, religious, or moral issues  Stress  Sudden mood changes  Suicidal thoughts  Suspiciousness  Temper problems  Thoughts of hurting self or others

### BEHAVIOR

- Aggression, violence  Alcohol use  Argumentative  Avoidant  Compulsive behavior/rituals  Controlling  Dependency  Destruction of property  Drug use – prescription, over-the-counter, street  Eating problems  Financial problems, debt
- Gambling  Hyperactivity  Internet problems  Irresponsibility  Isolation  Legal problems  Letting others take advantage of you
- Lying  Not able to relax  Pornography  Preoccupation with sex  Procrastination  Purging  Self destruction/sabotaging
- Self-neglect  Smoking  Stealing  Threats  Weight gain or loss  Withdrawal from others  Loss of interest on what I used to like
- Sleep difficulty  Loss of appetite  Overeating

### FAMILY & RELATIONSHIPS

- Affair  Childhood issues (your childhood)  Divorce  Friendships  Housework/chores  Interpersonal conflicts
- Parenting  Problems with child(ren)  Problems with parents  Problems with spouse/partner  Separation

### ABUSE

- Abuse of alcohol  Abuse of drugs  Emotional abuse by another  Emotional abuse of another  Financial abuse  Neglect
- Physical abuse by another  Physical abuse of another  Sexual abuse by another  Sexual abuse of another  Verbal abuse

### WORK & SCHOOL

- Absenteeism  Career concerns, goals, choices  Difficulty with coworkers  Difficulty with supervisor  Performance
- Tardiness  Procrastination  School problems

### OTHER CONCERNS

- I have no problems or concerns bringing me here at this time.

I give permission to Gye Nyame Therapeutic Counseling LLC to treat the minor I am bringing for counseling.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of parent/guardian*