Child Counseling Intake Form

Child's Information

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Gender: _____
- School: _____
- Grade: _____
- Preferred Pronouns: _____

Parent/Guardian Information

- Name(s): _____
- Relationship to Child: _____
- Phone Number(s): _____
- Email Address: _____
- Preferred Method of Contact: Phone / Email / Text

Emergency Contact Information (other than parent/guardian)

- Name: _____
- Relationship: _____
- Phone Number(s): _____

Reason for Counseling

- Please briefly describe the main concerns or reasons for seeking counseling for your child:

  _____

  _____

- Has your child received counseling or mental health services before? Yes / No
  If yes, please provide details (when, where, reason):

  _____

Medical and Mental Health History

- Does your child have any medical conditions or allergies? Yes / No

If yes, please describe:

- Is your child currently taking any medications? Yes / No
  If yes, please list:

- Has your child been diagnosed with any mental health conditions? Yes / No
  If yes, please specify:

- Are there any recent significant events or changes in your child's life? (e.g., family changes, trauma, etc.)

Additional Information

- What are your goals or hopes for your child's counseling?

- Is there anything else you would like the counselor to know?

Consent for Counseling

I, _____ (parent/guardian name), hereby give consent for my child, _____ (child's name), to receive counseling services.

Signature: _____ Date: _____

Would you like me to create this as a fillable Google Form or a Google Doc template for you?

Yes

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