Rob Reinhardt, LPC, PA

Parent Intake Interview

Web www.robreinhardtlpc.com
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CLIENT INFORMATION

Child's First Name | Middle | Last | Date Completed (MM/DD/YYYY)

Gender ☐ Female ☐ Male

Date of Birth (MM/DD/YYYY)

How Were You Referred?

☐ Google Search ☐ Psychology Today ☐ Other Professional

Referrer's Name

☐ Other

Other Referrer

Completed By (If Not Client) | Phone | Relationship

Primary Reason For Appointment

PERSONAL HISTORY

Following are questions regarding your child's personal history. The purpose of this form is to gather initial background information in order to save time in the first session. Please feel free to skip questions that do not apply to your child's situation or that you are not comfortable answering. Please note that the more information you share, the more complete picture your counselor will have of your child's situation. You will have an opportunity in your first session to provide more details and ask questions about this form.

Has your child ever attended Counseling Before? ☐ Yes ☐ No If so, with whom?

Details (When, How Long, etc.):

Is he/she a current patient of a Psychiatrist? ☐ Yes ☐ No If so, of whom?

Has your child ever attempted suicide or planned to hurt him/herself? ☐ Yes ☐ No If so, When?

Details:

Does your child currently have any thoughts and/or feelings of wanting to physically harm him/herself? ☐ Yes ☐ No

If so, please explain:

Has your child ever been under treatment for substance abuse? ☐ Past ☐ Current ☐ N/A

If so, please explain:

Has your child ever (or do you worry that he/she might have) suffered abuse? ☐ Emotional ☐ Physical ☐ Sexual

If so, please explain:

Has your child ever received a formal diagnosis from a mental health professional? ☐ Yes ☐ No

If so, please explain:

Is there any history of mental disorders/illness in your child's family? ☐ Yes ☐ No

If so, please explain:

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MEDICATIONS (Please note medications your child is currently taking)

Medication	Dose	Start Date	Who Prescribes?	Purpose

Is there anything else we should know about your child's medication(s) (i.e. other prescriptions, supplements, side effects, etc.)

RELATIONSHIPS (Please note the child's significant family members, friends, etc.)

First Name	Relationship	Age	Live With?	Notes
			☐ Yes	
			☐ Yes	
			☐ Yes	
			☐ Yes	
			☐ Yes	
			☐ Yes	
			☐ Yes	
			☐ Yes	

How does your child typically relate to other people (Check all that apply):

☐ Affectionate ☐ Aggressive ☐ Avoidant ☐ Fight/Argue Often ☐ Follower ☐ Friendly ☐ Leader

☐ Outgoing ☐ Shy/Withdrawn ☐ Submissive

☐ Other (Please Explain)

EDUCATION

How would you rate your child's academic performance:

☐ Poor ☐ Could Use Improvement ☐ Average ☐ Above Average ☐ Excellent

School: Grade: Primary Teacher:

Does your child have an IEP, 504 plan, or other special provisions at school? ☐ Yes ☐ No

Has your child ever repeated a grade? ☐ Yes ☐ No If so, which one(s):

Please note any other significant educational information (Achievements, IEP info, learning disabilities, school changes, etc.)

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CULTURE/ETHNICITY

With which cultural or ethnic group(s), if any, does your child identify?

Please describe any issues/challenges your child is experiencing due to cultural or ethnic issues:

SPIRITUALITY/RELIGION

How important to your child's family are spiritual/religious matters? ☐ Not ☐ Minor ☐ Moderately ☐ Very

Is your child affiliated with a spiritual/religious group? ☐ Yes ☐ No If Yes, describe:

Please share any other important thoughts/notes about spirituality/religion you feel it important that your counselor understand:

LEGAL

Is your child or family involved in any active legal cases (custody, criminal, other)? ☐ Yes ☐ No

If so, please explain:

Has your child ever been arrested or involved in criminal activity? ☐ Yes ☐ No

If so, please explain:

Please share any other important current or past legal history you feel it is important that your counselor be aware of:

LEISURE/RECREATION

Please describe any leisure/recreational/hobby activities that your child engages in.

Activity	How Often Now?	How Often In the Past?

NUTRITION

How would you rate the quality of your child's nutrition/diet/eating habits?

☐ Poor ☐ Could Use Improvement ☐ Adequate ☐ Above Average ☐ Excellent

Please share any food/nutrition related thoughts/issues/challenges you feel your counselor should be aware of:

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MEDICAL

How would you rate your child's current overall physical health?

☐ Poor ☐ Could Use Improvement ☐ Adequate ☐ Above Average ☐ Excellent

Please describe any current health concerns and/or recent changes in your child's health:

Please describe any family history of medical problems:

Please check if there have been any recent changes in the following for your child:

☐ Sleep ☐ Eating/Diet ☐ Behavior ☐ Energy Level ☐ Physical Activity ☐ General Mood ☐ Weight ☐ Stress

Please describe any changes you checked above:

What is the name of your child's primary physician?

SYMPTOM CHECKLIST

Please check any of the following that you feel apply to your child or that your child thinks about his/her self (on a regular basis):

☐ Aggressive	☐ Disturbing Thoughts	☐ Impulsive	☐ Poor Concentration
☐ Alcohol Dependency	☐ Dizziness	☐ Incompetent	☐ Recurring Thoughts
☐ Angry	☐ Drug Dependence	☐ Inferior	☐ Regrets for Past
☐ Anti-Social	☐ Elevated Mood	☐ Internet Addictior	☐ Restless
☐ Anxious	☐ Empty Feelings	☐ Irritable	☐ Bullied
☐ Avoids People	☐ Evil	☐ Judgement Errors	
☐ Bad Home Environment	☐ Fatigue	☐ Lonely	☐ Sick Often
☐ Bored	☐ Family Financial Issues	☐ Memory Problems	☐ Sleep Problems
☐ Cannot Make Decisions	☐ Gaming Addiction	☐ Misunderstood	☐ Speech Problems
☐ Confused	☐ Guilty	☐ Mood Swings	☐ Thoughts of Self Harm
☐ Controlling	☐ Hallucinations	☐ Nightmares	☐ Trembling
☐ Depressed	☐ Hateful	☐ Not Confident	☐ Unattractive
☐ Disorganized Thoughts	☐ Headaches	☐ Not Loved	☐ Withdrawing
☐ Disorientation	☐ Heart Palpitations	☐ Panic Attacks	☐ Worrying
☐ Distractible	☐ Hopelessness	☐ Phobias/Fears	☐ Worthless

Please list your child's strengths and positive influences in his/her life:

Please describe your goals for child's counseling / things you would like for him/her to change about his/her life:

