

\JENNIFER KOGAN, MSW, LICSW
4000 Albemarle Street, NW, #504
Washington, DC 20016
202-215-2790 * Jenniferkogan@verizon.net

CHILD/TEEN INTAKE FORM

Child/Teen's full name:

(first) _____ (last)
_____ (middle)

Date of birth: _____

Gender

M F

Referred by: _____

PARENT:

ADDRESS:

TELEPHONE: _____ (Home)

_____ (Work)

_____ (Cell)

_____ (Work)

_____ (Email)

PARENT:

ADDRESS:

TELEPHONE: _____ (Home)
_____ (Work)
_____ (Cell)
_____ (Work)
_____ (Email)

LIST THE MEMBERS OF YOUR IMMEDIATE FAMILY AND/OR OTHERS PRESENTLY LIVING IN YOUR HOME:

Name	Age
Relationship	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

School/Grade child/teen attends: _____

Does your child receive Special Education Services?

If yes, please list services:

Please describe why your child/teen is in need of help at this time:

How is his/her sleeping right now?

Eating?

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Has he/she been in therapy before? If so, please specify when and with whom:

Please list any medications your child/teen is taking:

Does he/she What questions would you like to have answered about your child?

What are your main methods of discipline and how effective have they been?

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*** FAMILY HISTORY (to be filled out by each parent):**

Parent #1:

Family of Origin

Describe your mother and father (positive and negative qualities):

How did your parents show affection to each other and their children?

How did your parents handle disagreements and conflicts; what were their main methods of discipline?

How many siblings do you have?

4.

Does your family have a history of alcohol or drug abuse? If so, please describe, including how the issue was dealt with:

Was there physical, emotional or sexual abuse in your family? If so, please describe, including how the issue was dealt with:

Was there mental or emotional illness in your family? If so, please describe, including how the issue was dealt with:

On a scale of one to ten, with ten being the most stressful, how stressful was the home in which you grew up? Why do you think this was so?

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*** FAMILY HISTORY (to be filled out by each parent):**

Parent #2:

Family of Origin

Describe your mother and father (positive and negative qualities):

How did your parents show affection to each other and their children?

How did your parents handle disagreements and

conflicts; what were their main methods of discipline?

How many siblings do you have?

Does your family have a history of alcohol or drug abuse? If so, please describe, including how the issue was dealt with:

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Was there physical, emotional or sexual abuse in your family? If so, please describe, including how the issue was dealt with:

Was there mental or emotional illness in your family? If so, please describe, including how the issue was dealt with:

On a scale of one to ten, with ten being the most stressful, how stressful was the home in which you grew up? Why do you think this was so?

*** Thank you for taking the time to fill out the Family History section. When addressing family concerns, it is very useful to have as complete a family background as possible.**